

<b>Case Number:</b>	CM13-0037117		
<b>Date Assigned:</b>	12/13/2013	<b>Date of Injury:</b>	05/09/2011
<b>Decision Date:</b>	03/12/2014	<b>UR Denial Date:</b>	10/07/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/23/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Internal Medicine, has a subspecialty in Occupational Medicine and is licensed to practice in California. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The physician reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

According to the records made available for review, this is a 61-year-old male with a 5/9/11 date of injury. At the time of request for authorization for Norco 10/325mg Number One Hundred (120), there is documentation of subjective (neck and low back pain) and objective (decreased lumbar spine range of motion and mild tenderness to palpation of the right upper trapezius muscle medial to the right scapula) findings, current diagnoses (lumbago, pain in thoracic spine, lumbosacral spondylosis, lumbar disc displacement, cervical spondylosis, lumbar spinal stenosis), and treatment to date (physical therapy, chiropractic treatment, and medications (Norco since at least November of 2012). There is no documentation that the prescriptions are from a single practitioner and are taken as directed; the lowest possible dose is being prescribed; and there will be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects.

### IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

**Norco 10/325mg Number One Hundred (120): Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Page(s): 74-80.

**Decision rationale:** MTUS Chronic Pain Medical Treatment Guidelines necessitate documentation that the prescriptions are from a single practitioner and are taken as directed; the lowest possible dose is being prescribed; and there will be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects as criteria necessary to support the medical necessity of Norco. In addition, MTUS Chronic Pain Medical Treatment Guidelines identifies that opioids for chronic back pain appear to be efficacious but limited for short-term pain relief, and long-term efficacy is unclear (>16 weeks), but also appears limited as criteria necessary to support the medical necessity of Norco. Within the medical information available for review, there is documentation of a diagnosis of lumbago, pain in thoracic spine, lumbosacral spondylosis, lumbar disc displacement, cervical spondylosis, lumbar spinal stenosis; and prior treatment with Norco. However, there is no documentation that the prescriptions are from a single practitioner and are taken as directed; the lowest possible dose is being prescribed; and there will be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. In addition, given documentation of Norco since at least November 2012, there is no documentation of short-term treatment with opioids. Therefore, based on guidelines and a review of the evidence, the request for Norco 10/325mg Number One Hundred (120) is not medically necessary.