

<b>Case Number:</b>	CM13-0038483		
<b>Date Assigned:</b>	12/18/2013	<b>Date of Injury:</b>	10/14/2009
<b>Decision Date:</b>	02/25/2014	<b>UR Denial Date:</b>	10/15/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/25/2013

### 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 Pain Management 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:

The employee is a 55-year-old female who was injured on 10/14/2009; the mechanism of injury was not noted. The employee presents with multiple orthopedic problems, more notably in her lumbar and cervical spine and left knee. The employee was scheduled for left knee surgery; however, it was cancelled due to pulmonological problems. Physical examination revealed spasm and tenderness over the lumbar spine and paraspinal/ paravertebral area. The employee complains of left knee, neck and low back pain. She states that her pain increases with daily activity and she has difficulty with more than 30 minutes of walking, standing, using the stairs, bending, stooping and twisting. She has received aqua therapy with an increase in range of motion and functional capacity status. She has also been taking medication in the form of Norco, Xanax, Soma and Prilosec. The employee has a history of asthma. On 9/5/2013, the employee's pain level was noted as 6 out of 10 on the Verbal Analog Pain Scale. On physical examination, the employee was alert and oriented times three, there were no signs of sedation. The provider's impression was cervical sprain/strain, lumbar sprain/strain, knee tendinitis/bursitis and morbid obesity. On 10/3/2013, the employee's subjective symptoms consisted of chronic severe pain associated with all spinal regions, right shoulder, right elbow, right wrist, bilateral hips, and the left knee. Objective findings included tenderness in all spinal regions, bilaterally. At issue is a request for Norco 5/325mg quantity 30.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 5/325mg quantity 30: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 76-77.

**Decision rationale:** According to CA MTUS guidelines, use of opioids should be discontinued if there is no overall improvement in function. In this case, the employee has been using Norco since at least July 2012. In July 2012, the employee rated her pain as 6 out of 10. Subsequently, her pain increased to as high as 10 out of 10. Most recently, the employee's pain is rated as 6 out of 10 which is the same as baseline measures. Given that the submitted documentation does not demonstrate that the employee has had any long-term functional improvement gains from taking Norco over the past several months, continuation of this regimen is not indicated. Therefore, the requested Norco 5/325mg quantity 30 is not medically necessary and appropriate.