

<b>Case Number:</b>	CM13-0059107		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	01/18/2013
<b>Decision Date:</b>	05/08/2014	<b>UR Denial Date:</b>	11/18/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/29/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation, and is licensed to practice in Texas and Oklahoma. 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 expert 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 patient is a 46-year-old male who reported an injury on 01/18/2013. The mechanism of injury was noted to be the patient was driving his truck and it was snowing and cold. The patient opened the back of the truck doors and the load had shifted, and a box holding a compressor weighing approximately 100 pounds or more came down and hit the patient. The patient blocked the box with his right arm, but the box hit his head and the patient was knocked down. The patient received acupuncture and medication. The medication history included Norco as of early September 2013. The documentation of 09/30/2013 revealed the injured worker's current medications were Anaprox, Prilosec, Zanaflex, and Norco. The injured worker indicated the pain level was a 6/10. The injured worker had tenderness over the thoracolumbar junction in the midline and the lumbosacral spine. There was tenderness with muscle spasm and myofascial trigger points over the bilateral lumbar paraspinal musculature. The diagnosis included herniated nucleus pulposus of the cervical spine and lumbar spine. The request was made for a lumbar facet block, prescription of Norco 10/325 #100, and Anaprox 550 #60 with 3 refills, continue medications as needed, and a re-evaluation of the patient in 4 weeks.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**NORCO 10/325MG # 60, 3 REFILLS:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Medication For Chronic Pain Ongoing Management Page(s): 60, 78.

**Decision rationale:** The California MTUS Guidelines recommend opiates for chronic pain. There should be documentation of an objective improvement in function, objective decrease in pain, and evidence the patient is being monitored for aberrant drug behavior and side effects. The injured worker had been taking the medication for greater than 1 month, however, duration prior to one month could not be established with submitted documentation. The clinical documentation submitted for review failed to meet the above criteria. The request as submitted failed to indicate the frequency for the medication. There was a lack of documentation of the necessity for 3 refills without re-evaluation. Given the above, the request for Norco 10/325 #60 with 3 refills is not medically necessary.