

<b>Case Number:</b>	CM13-0059173		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	02/17/2012
<b>Decision Date:</b>	09/12/2014	<b>UR Denial Date:</b>	11/14/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/26/2013

### 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 Orthopedic Surgery 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 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 records presented for review, indicate that this 40-year-old female was reportedly injured on February 17, 2012. The mechanism of injury is not disclosed. The most recent progress note, dated October 17, 2013, indicated that the claimant has ongoing complaints of pain in the low back rated 7/10, with radiation along the bilateral buttocks. The handwritten progress report 2 report, that accompanies the transcribed report, has a notation of pain was rated 7/10 without medication and pain was rated 2/10 with the use of medication. The physical examination demonstrated a 5'4" 216 pound individual with restricted range of motion of the lumbar spine and pain with range of motion testing. Deep tendon reflexes were 2+/4. Pain to palpation was produced along the paravertebral muscles from L3 to the sacrum. Straight leg raise was positive on the left for back pain. Kemp's test was positive for pain at the lumbosacral joint line. Motor function testing revealed 5/5 strength in the bilateral lower extremities. Diagnostic imaging studies reportedly include an MRI which was negative. Previous treatment included physical medicine, analgesics, muscle relaxants, and chiropractic care. A request was made for Norco 10/325 by mouth twice daily #60 and was denied in the pre-authorization process on November 14, 2013.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**60 Norco 10/325mg, 1 twice a day:** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Ongoing management Page(s): 78.

**Decision rationale:** Norco (hydrocodone/acetaminophen) is a short acting opiate indicated for the management of moderate to severe breakthrough pain. The Ca MTUS Guidelines support short-acting opiates at the lowest possible dose to improve pain and function. The Ca MTUS indicates that a satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. The handwritten documentation, provided October 17, 2013 date of visit, includes objective documentation of a decrease in pain with the use of medication as referenced by a decrease in pain from 7/10 to 2/10 (using the Visual Analog Scale). As such, by the California MTUS guideline definition of satisfactory response, satisfactory response has been established by a decrease in pain. As such, this request is medically necessary and appropriate.