MAXIMUS Federal Services

| Case Number: | CM13-0060562 | | |
|---|---|---|---|
| Date Assigned: | 12/30/2013 | Date of Injury: | 08/25/2004 |
| Decision Date: | 06/16/2014 | UR Denial Date: | 11/27/2013 |
| Priority: | Standard | Application Received: | 11/27/2013 |

## 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 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 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 an employee of [redacted], and has submitted a claim for low back pain, with an industrial injury date of August 25, 2004. Treatment to date has included right sided L4-5 and L5-S1 decompression (February 21, 2013), physical therapy, chiropractic treatment, acupuncture, epidural steroid injection, a home exercise program, and medications which include Norco and Ambien. Medical records from 2013 were reviewed, the latest of which dated September 3, 2013. These revealed that the patient has been improving following the lumbar spine surgery done February 21, 2013. Overall the patient indicates that his symptoms are about the same level they were at the time of his previous discharge. The patient indicates that he is working his usual and customary duties without apparent adverse effect. On physical examination, there is a well-healed surgical scar consistent with the lumbar spine surgery. Tenderness with mild associated muscle spasm is present over the paraspinal musculature. Straight leg raising is positive on the right. Ranges of motion of the lumbar spine are as follows: flexion up to 53 degrees, extension up to 18 degrees, right side bending up to 22 degrees, left side bending ip to 22 degrees. Sensation to pinprick and light touch in the bilateral lower extremities is decreased in the L5 dermatomal patterns. There is slight atrophy of the left distal quadriceps musculature. Urine drug screen from June 2013 demonstrated hydrocodone and hydromorphone.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**120 NORCO 10MG DISPENSED ON 8/19/13:** 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): 78. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: http://www.drugs.com/norco.html

**Decision rationale:** Norco contains a combination of acetaminophen and hydrocodone. Page 78 of the California MTUS Chronic Pain Medical Treatment Guidelines states that documentation of ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects are required for patients on chronic opioid therapy. In this case, Norco was used since February 2013. The patient's functional status in the medical report dated 8/29/13 did not discuss the analgesia and functional benefits and side-effects from the use of Norco. In addition, the documentation did not address the fact that hydromorphone was found in the urine drug screen performed on 6/3/13. The use of hydrocodone was not documented in the progress notes. Therefore, the request for Retro Review Norco 10mg #120 DOS 8/29/13 is not medically necessary.