

<b>Case Number:</b>	CM13-0062691		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	02/28/2011
<b>Decision Date:</b>	04/16/2014	<b>UR Denial Date:</b>	11/22/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/09/2013

### 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 & Rehabilitation, has a subspecialty in Pediatric Rehabilitation Medicine and is licensed to practice in Texas. 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 56-year-old male who reported an injury on 02/28/2011. The mechanism of injury was noted to be the patient was carrying a typewriter return for a desk. The patient's medication history included Norco, Flexeril, and nortriptyline as of 2012. The documentation of 11/13/2013 revealed the patient was taking Norco 10/325 daily 3 times a day and nortriptyline 50 mg at night. The request was made for Norco 10/325mg. The patient's diagnoses were noted to be low back pain and hip pain.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**NORCO 10/325MG #90; ONE (1) TABLET TWICE DAILY, WITH FOUR (4) REFILLS:**  
Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines ONGOING MANAGEMENT Page(s): 60-78.

**Decision rationale:** California MTUS guidelines recommend opiates for chronic pain. There should be documentation of an objective improvement in function, objective decrease in the

VAS score, and evidence that the patient is being monitored for aberrant drug behavior and side effects. Clinical documentation submitted for review indicated the patient had been taking the medication since 2012. There was lack of documentation of objective improvement in function and objective decrease in the VAS score and evidence the patient was being monitored for aberrant drug behavior and side effects. There was lack of documentation indicating a necessity for 4 refills without re-evaluation. Given the above, the request for Norco 10/325 mg #90 1 tablet twice daily with 4 refills is not medically necessary.