

<b>Case Number:</b>	CM13-0067208		
<b>Date Assigned:</b>	05/07/2014	<b>Date of Injury:</b>	11/10/2011
<b>Decision Date:</b>	07/09/2014	<b>UR Denial Date:</b>	12/02/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/17/2013

### 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 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 injured worker is a 50-year-old male who reported an injury on 11/10/2001. The mechanism of injury was not provided for review. The injured worker ultimately underwent lumbar fusion with subsequent hardware removal. The injured worker's chronic pain was managed with multiple medications to include Norco, tramadol and naproxen. The injured worker was monitored for aberrant behavior with urine drug screens. The injured worker was evaluated on 10/29/2013. It was documented that the injured worker's pain was reduced by the use of Norco and the injured worker did not experience any significant side effects from medication usage. Physical findings included diffuse tenderness to palpation of the L2-5 spinous process and paravertebral musculature. The injured worker had limited range of motion of the lumbar spine secondary to pain. The injured worker was evaluated on 02/24/2014. It was documented that the injured worker's average pain was 4/10 to 9.5/10 and that medication reduced the injured worker's pain to a tolerable level. The injured worker's diagnoses included chronic pain syndrome, thoracolumbosacral neuritis or radiculitis, degenerative joint disease of the shoulder, cervicalgia, lumbar facet joint pain, depression, anxiety and insomnia. The injured worker's treatment plan included a home exercise program, medications, psychotherapy and sacroiliac joint injections.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**NORCO 10/325 MG #180:** Upheld

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

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

**Decision rationale:** The requested Norco 10/325 mg #180 is not medically necessary or appropriate. The California Medical Treatment Utilization Schedule recommends continued use of opioid medications is supported by documentation of functional benefit, a quantitative assessment of pain relief, managed side effects and evidence that the injured worker is monitored for aberrant behavior. The clinical documentation submitted for review did include a recent urine drug screen to support that the injured worker is monitored for aberrant behavior. The clinical documentation indicates that the injured worker has been on this medication since at least 05/2013. However, the clinical documentation failed to provide any evidence of significant functional benefit or pain relief resulting from medication usage. Also, the request did not specifically identify frequency of treatment. In the absence of this information, the appropriateness of the request itself cannot be determined. As such, the requested Norco 10/325 mg #180 is not medically necessary or appropriate.