

<b>Case Number:</b>	CM13-0067862		
<b>Date Assigned:</b>	01/03/2014	<b>Date of Injury:</b>	07/27/2003
<b>Decision Date:</b>	06/10/2014	<b>UR Denial Date:</b>	12/03/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/18/2013

### 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 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 a 47 year old male who was injured on 07/27/2003. Diagnoses include post laminectomy syndrome lumbar region and lumbar spondylosis without myelopathy. Prior treatment history has included physical therapy, injections, aqua therapy, pain management and cervical epidural steroid injections. He underwent a lumbar fusion discectomy at level L4-L5 and D1 in August 2005. Medications include Norco, Relafen, Gralise, Colace, trazadone, Dendracin, Doxepin. Diagnostic studies reviewed include toxicology urine drug test dated 04/30/2013 stating the patient was evaluated on 04/22/2013 and medications were prescribed at that time including Norco 10/325 mg #90 per month and Soma 350 mg #90 and Relafen. Urine drug test was negative for Norco, Soma and their metabolites. Urine drug test dated 05/28/2013 showing consistency with the patient's prescribed medication of Norco. The test is also positive for meprobamate which is a metabolite of Soma, which is not prescribed. Continued authorization for Norco was requested.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**NORCO 10/325MG #90 WITH 2 REFILLS:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-82.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids  
Page(s): 78-79.

**Decision rationale:** The Chronic Pain Medical Treatment Guidelines recommend on-going management for long term opioid usage. This includes ongoing review and documentation of pain relief, functional status, appropriate medication use and the side effects of the medication. The patient has been prescribed Norco since at least 04/22/2013. There is no indication in the records of his pain level without the medication. His pain level with the medication has remained 8/10 with the same objective decreased painful range of motion. The patient is also noted to have at least two inconsistent prior urine drug screens, showing some signs of non-adherence. The ongoing use of Norco is not controlling this patient's pain, nor is it aiding in objective functional gains. Therefore, the requested Norco is not medically necessary or appropriate at this time.