

<b>Case Number:</b>	CM13-0069097		
<b>Date Assigned:</b>	01/03/2014	<b>Date of Injury:</b>	08/26/2009
<b>Decision Date:</b>	03/26/2014	<b>UR Denial Date:</b>	12/17/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/20/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Neurology, has a subspecialty in Neuromuscular 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 physician 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:

This patient is a 51-year-old woman with a past medical history of fatty liver, diabetes, hypertension and drug abuse. She sustained a work-related injury on August 26, 2009. She subsequently developed chronic back pain, knee contusion, left hip sprain and left femoral fracture. On March 7, 2012, the patient underwent L4-L5 lower back surgery. The patient was diagnosed with postlaminectomy syndrome and was treated with epidural injection with some improvement. According to the note dated August 8, 2013, the patient was reported to have ongoing low back pain. She reported more than 60% improvement with a previous epidural injection. The patient was reported to have depression from her lower back pain. She was treated with Zanaflex and flexibility. Her physical examination demonstrated the mild motor deficit to an L5-S1 distribution, sensation was decreased at the territory of left L5 distribution. She was diagnosed with low back pain, lumbar degenerative disc disease, postlaminectomy syndrome and lumbar radiculopathy. The patient was treated with hydrocodone, Neurontin and fixated. The provider reported good results with use of Norco; however, an increase of the dose of Neurontin was planned. The provider requested authorization to continue using Norco.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**NORCO 10/325MG #180 WITH 2 REFILLS:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation ODG Pain Chapter

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 179.

**Decision rationale:** According to the MTUS guidelines, Norco (Hydrocodone/Acetaminophen) is a synthetic opioid indicated for pain management, but Norco is not recommended as a first line oral analgesic. In this case, there is no clear evidence of objective and recent functional and pain improvement with previous use of opioids (Norco). There is also no clear documentation of the efficacy/safety of previous uses of Hydrocodone/Acetaminophen. Previously, weaning from Norco was recommended. There is no clear justification for the need to continue the use of Hydrocodone/Acetaminophen. Therefore, Norco is not medically necessary or appropriate at this time.