

<b>Case Number:</b>	CM14-0003504		
<b>Date Assigned:</b>	01/31/2014	<b>Date of Injury:</b>	10/29/2007
<b>Decision Date:</b>	06/20/2014	<b>UR Denial Date:</b>	12/31/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/09/2014

### 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 Emergency 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:

Patient with date of reported injury of 10/29/2007. No mechanism of injury provided. Patient has a diagnosis of NHP L4-5 and L5-S1, Facet arthropathy of lumbar spine and R ankle joint disease post ORIF. Only a single primary physician progress note from 11/19/13 was provided for review. Pt reports back pain. Pain is rated at 10/10. Patient complains of bilateral lower extremity numbness and burning to feet, Left worst than Right side. Pain improved to 7/10 with pain meds. Pt states that he is able to walk, stand and perform activities of daily function with pain medications. Objective findings reveal tenderness to lumbar paraspinals with normal gait. Decreased range of motion of lumbar spine. Decreased L4, L5 and S1 dermatomal sensation and pinprick sensation. Mildly decreased motor strength in R leg. Straight leg raise is positive to 80 degrees bilaterally. Physician documents [REDACTED] report review that was consistent. Urine toxicology screen from 6/4/13 was consistent. Physician documentation states that there is a plan to wean down Norco to not more than 6 per day. Patient reportedly on MS Contin, Zanaflex, Senna and Norco. Patient reportedly takes approximately 6-7 tablets of Norco a day. Utilization review is for Norco 10/325mg #180. Prior UR on 12/31/13 modified prescription for Norco and approved prescription for Docuprene.

### IMR ISSUES, DECISIONS AND RATIONALES

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

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

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines, Chapter Opioids..

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines, Opioids Page(s): 76-78.

**Decision rationale:** Norco is Hydrocodone with acetaminophen. Hydrocodone is an opioid. As per Chronic Pain Medical Treatment Guidelines, documentation supports the continued ongoing management and use of Percocet with appropriate documentation of analgesia, activity of daily living, adverse events and aberrant behavior. Pt is stable on Norco with no noted worsening of symptoms and reported moderate control of pain on current regiment. The number of tablets prescribed meets the "close monitoring" requirement as per Chronic Pain Medical Treatment Guidelines. Guidelines recommend at least one visit every 1-2months. With 6 tablets a day use with 180 tablets, the requested supply is for 1 month which is appropriate. The current prescription of Norco is medically appropriate