

<b>Case Number:</b>	CM14-0005501		
<b>Date Assigned:</b>	02/05/2014	<b>Date of Injury:</b>	01/08/2009
<b>Decision Date:</b>	07/07/2014	<b>UR Denial Date:</b>	12/31/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/13/2014

### 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 Occupational 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:

This is a 57-year-old male patient with a 1/8/09 date of injury. He was lifting a heavy box, when he experienced exquisite pain in his lower back with immediate radiation to the left lower extremity. A 12/4/13 progress report indicated that the patient complained of low back and right knee pain rated 4/10, which had decreased since 9/17/13 when it was 7/10. Objective findings demonstrated the patient ambulated with single point cane, with 60% range of motion, positive hypertonicity and right knee decreased, painful range of motion. He was diagnosed with lumbar sprain/ strain, multi-level degenerative changes in the lumbar spine, lumbar spine with multiple disc bulges, with severe bilateral foraminal stenosis at L4-5 per MRI of 3/6/09, left hip degenerative joint disease, advanced osteoarthropathy with subchondral intraosseus degenerative cyst formation, left hip joint, involving the femoral head and left acetabular roof, and suspected endochondroma at the subtrochanteric region of the left proximal femur, per MRI of 7/12/12 and right knee medial compartment degenerative joint disease with industrial aggravation. He had urine drug screens that were consistent, and positive for Hydrocodone and Hydromorphone. The patient was taking Norco chronically since 12/4/12. Treatment to date: Celebrex 100mg #60, Norco 10/325mg #90 and Zanaflex 4mg #10. There is documentation of a previous 12/31/13 adverse determination, when it was modified to Norco 10/325 mg #38.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**NORCO 10/325 MG # 90:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 78-81.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 78-81.

**Decision rationale:** CA MTUS Chronic Pain Medical Treatment Guidelines do not support ongoing opioid treatment unless prescriptions are from a single practitioner and are taken as directed; are prescribed at the lowest possible dose; and unless there is ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. The patient presented with the constant pain in the lower back, radiated to the left extremity, right knee pain. He was taking Norco chronically since at least 12/4/12. However, there is sparse information in the most recent medical report as to the domains of ongoing opioid management, including monitoring for diversion, abuse, side effects, or tolerance development; dosage adjustments, attempts to wean and taper, endpoints of treatment; and continued efficacy and compliance. In addition, there was modification for Norco to provide an appropriate weaning regimen, but there is no evidence that such a taper was initiated. Therefore, the request for NORCO 10/325 MG # 90, as submitted, was not medically necessary.