

<b>Case Number:</b>	CM14-0010673		
<b>Date Assigned:</b>	02/21/2014	<b>Date of Injury:</b>	07/30/2009
<b>Decision Date:</b>	06/25/2014	<b>UR Denial Date:</b>	01/07/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/27/2014

### 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 Family Practice, 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 39 year old male who sustained an injury on 07/30/09 while moving heavy objects. The injured worker developed complaints of low back pain. Prior treatment included physical therapy, chiropractic sessions, as well as a course of acupuncture therapy. The injured worker is noted to have had a prior 3 level lumbar interbody fusion performed on 07/15/13 which did provide benefits in regards to the injured worker's low back complaints. The injured worker was followed by [REDACTED] for pain management. The injured worker has been provided medications to include Norco, Oxycodone, and Cyclobenzaprine. The clinical report from [REDACTED] on 11/14/13 noted the injured worker was able to decrease the amount of Oxycontin taken on a daily basis. The injured worker was continuing with Norco for breakthrough pain which did allow him to be functional on a daily basis. The injured worker's pain scores were 6/10 on the VAS. The injured worker did describe continuing neck pain radiating to the upper extremity. The injured worker had had recent epidural steroid injections which provided pain relief and allowed the injured worker to reduce Oxycontin further. On physical examination, there was tenderness to palpation in the cervical and lumbar spine with trigger points and tenderness to palpation noted. The injured worker was continued on Norco 10/325mg 8 tablets a day as well as Oxycontin 40mg 2-3 times a day as needed. Recent urine drug screen results were consistent with the use of Hydrocodone. The requested Norco 10/325mg was denied by utilization review on 02/27/14.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**NORCO 10/325MG:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, NECK AND UPPER BACK COMPLAINTS, SHOULDER COMPLAINTS, LOW BACK COMPLAINTS,,

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines Opioids, Criteria for Use Page(s): 88-89.

**Decision rationale:** In regards to the requested Norco 10/325mg, there is insufficient clinical documentation to support continuation of this medication. Although the injured worker was able to slowly reduce the amount of Oxycontin being taken postoperatively in November of 2013, the injured worker was noted to be taking a substantial amount of Norco per day at 8 tablets. No further clinical information after November of 2013 was available for review indicating that the injured worker continued to obtain substantial functional benefit or pain reduction with the ongoing use of Norco. No recent toxicology results for this medication were documented as well as any long term opioid risk assessments which would be indicated given the amount of narcotics last being prescribed to the injured worker. Given the insufficient documentation regarding recent assessments which would support continuing use of this medication, this reviewer would not have recommended certification for this medication.