

<b>Case Number:</b>	CM14-0013541		
<b>Date Assigned:</b>	02/26/2014	<b>Date of Injury:</b>	10/15/2005
<b>Decision Date:</b>	07/07/2014	<b>UR Denial Date:</b>	01/17/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/03/2014

### 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 Internal 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:

The injured worker is a 53 year old male who sustained an injury on 10/15/05. No specific mechanism of injury was noted. The injured worker was seen on 11/07/13. The injured worker indicated he sustained some type of injury to the low back while employed as a custodian. It appeared the injured worker had a previous surgical intervention at L4-5 in 1996. Subsequently he re-injured his back on the date of injury. Prior treatment included six separate epidural steroid injections. Therapy included aquatic therapy which provided benefit for the injured worker. The injured worker was noted to have continuing complaints of low back pain radiating to the medial thighs bilaterally. The injured worker described numbness in the lower extremities of the anterior thighs. The injured worker felt that he had no feeling in the left toe and described persistent foot drop. Multiple medications were noted including Cymbalta, omeprazole, Lorazepam, Topiramate, hydrocodone, testosterone, meclizine, and Tizanidine. The injured worker was obese with limited lumbar range of motion on flexion/extension. Reflexes were 2+ and symmetric in the lower extremities with intact sensation. Weakness was mild at the left extensor hallucis longus (EHL). The injured worker had comorbid conditions including congestive heart failure, kidney failure, chronic obstructive lung disease and hypertension. The injured worker was recommended for six additional sessions of aquatic therapy. The treating physician on 11/07//13 did not feel the injured worker would be able to tolerate a more strenuous program due to comorbid conditions. Follow up on 01/09/14 noted continuing complaints of low back pain. Physical examination was very limited and difficult to interpret due to handwriting. The injured worker was again recommended for aquatic therapy and continued on Norco twice daily. Further recommendations for aquatic therapy were noted on the 02/20/14 clinical record. The requested Norco 10/325mg #60 was denied by utilization review on 01/16/14.

## **IMR ISSUES, DECISIONS AND RATIONALES**

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

### **PHARMACY PURCHASE OF NORCO 10/325 MG #60: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

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

**Decision rationale:** In regards to the request for Norco 10/325mg quantity 60, the clinical documentation submitted for review would not support medical necessity for the request. The injured worker has been continued on Norco for unspecified period of time. The clinical records provided for review did not clearly identify any specific functional improvements attributed to the use of Norco. No pain reduction was identified. Per guidelines short acting narcotics such as Norco can be considered for ongoing moderate to severe musculoskeletal pain. However, Chronic Pain Medical Treatment Guidelines recommend there be ongoing assessments regarding functional improvement and pain reduction with the use of short acting narcotics to warrant their ongoing use. Therefore, the request for Norco 10/325 mg #60 is not medically necessary and appropriate.