

<b>Case Number:</b>	CM14-0017894		
<b>Date Assigned:</b>	04/16/2014	<b>Date of Injury:</b>	12/10/2011
<b>Decision Date:</b>	06/30/2014	<b>UR Denial Date:</b>	02/03/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/12/2014

### 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 New York. 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 patient is a 42-year-old male who was injured on December 10, 2011. The patient continued to experience pain in his neck and lower back. Physical examination was notable for painful range of motion in the neck, decreased range of motion in the neck and lower back, positive lumbar facet loading, negative straight leg raising, paravertebral muscle spasm, normal motor function, and decreased sensation to right medial and lateral biceps and left L5 and S1 dermatomes. Diagnoses included lumbar radiculopathy, lumbar degenerative disc disease, and lumbar strain. The treatment included medications, home exercise program, and physical therapy. The record from January 22, 2014 states that the patient's pain is increasing. Request for authorization for Norco 10/325 # 60 was submitted for consideration.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**NORCO 10/325, #60, AS PRESCRIBED ON 1/22/14:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-96.

**Decision rationale:** Norco is the compounded medication containing Hydrocodone and Acetaminophen. Chronic Pain Medical Treatment Guidelines state that opioids are not recommended as a first line therapy. Opioid should be part of a treatment plan specific for the patient and should follow criteria for use. Criteria for use include establishment of a treatment plan, determination if pain is nociceptive or neuropathic, failure of pain relief with non-opioid analgesics, setting of specific functional goals, and opioid contract with agreement for random drug testing. If analgesia is not obtained, opioids should be discontinued. The patient should be screened for likelihood that he or she could be weaned from the opioids if there is no improvement in pain or function. It is recommended for short term use if first-line options, such as acetaminophen or NSAIDs have failed. In this case the patient has been taking Norco since at least October 2013. He is participating in urine drug testing, but there is no documentation that the patient has signed an opioid contract. The medication is not effective, as the patient has not obtained analgesia. Criteria for long-term opioid use have not been met. The request is not medically necessary.