

<b>Case Number:</b>	CM14-0018075		
<b>Date Assigned:</b>	04/16/2014	<b>Date of Injury:</b>	06/23/1997
<b>Decision Date:</b>	06/02/2014	<b>UR Denial Date:</b>	01/28/2014
<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 Anesthesiology, and is licensed to practice in Florida. 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 40 year old female who reported an injury on 06/23/1997 secondary to an unknown mechanism of injury. She was evaluated on 01/03/2014 and reported persistent low back pain of unknown severity which increased with activity. She also stated at that time that her medication regimen "keeps her functional." On physical exam, the injured worker was noted to have bilateral myospasms at the lumbosacral junctions. She was also noted to have lumbar range of motion values of 20 degrees of flexion and 5 degrees of extension which was unchanged from the previous visit. An MRI of the lumbar spine performed on 11/16/2013 revealed mild hypertrophy of the facet joints at L3-4 and severe fatty atrophy of the paraspinal muscles in the lumbosacral region. It was also noted that the injured worker underwent a previous fusion at L5-S1 on an unknown date. Medications at the time of the evaluation were noted to include Protonix 20mg twice a day, Norco 10/325mg four times a day and Soma 350mg four times a day. The documentation submitted for review indicated that the injured worker has taken this dose and frequency of Norco since at least 07/06/2012. The injured worker submitted to frequent urine drug screens. The most recently submitted urine drug screen was administered on 12/10/2013, and results were negative for all drugs including those prescribed at that time. A request for authorization was submitted on 01/03/2014 for Norco 10/325mg #120.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**NORCO 10/325MG #120:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 91.

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

**Decision rationale:** The MTUS Chronic Pain Guidelines recommend ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects to warrant the continued use of opioid medications. The injured worker has taken Norco 10/325mg four times daily since at least 07/06/2012 according to the documentation submitted for review. While the injured worker reported that her pain is ongoing and that medications "keep her functional," there is no detailed evidence of quantifiable pain relief or objective functional improvement in the information provided. Furthermore, the most recent drug screen results were inconsistent with prescribed medications including hydrocodone, which suggest potentially aberrant or nonadherent drug-related behaviors. Therefore, there is a lack of evidence to support appropriate medication use and to warrant continued use of this medication. As such, the request for Norco 10/325mg #120 is not medically necessary and appropriate.