

<b>Case Number:</b>	CM14-0113745		
<b>Date Assigned:</b>	08/01/2014	<b>Date of Injury:</b>	01/03/2014
<b>Decision Date:</b>	09/10/2014	<b>UR Denial Date:</b>	07/14/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/21/2014

### 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, has a subspecialty in Pain Management 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:

According to the records made available for review, this is a 60-year-old male with a 1/3/14 date of injury. At the time of the request for authorization for Norco 10/325mg, 1 tablet by mouth two times per day (PO BID), #60, there was documentation of subjective complaints of pain in the lumbar spine, radiating to the right leg down to the feet with numbness and tingling sensation, and pain in the right elbow, radiating to the hand with numbness. The objective findings are antalgic gait to the right, diffuse tenderness to palpation noted over the lumbar paraspinal muscles, moderate-to-severe facet tenderness to palpation at the L4 through S1, decreased sensation along the L4 and L5 dermatomes on the right. His current diagnoses include lumbar disc disease, lumbar radiculopathy, and left sacroiliac joint arthropathy. The treatment to date is medication including Ibuprofen and Flexeril. There is no documentation that the prescriptions are from a single practitioner and are taken as directed; the lowest possible dose is being prescribed; there will be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 10/325mg, 1 tablet PO BID, Quantity 60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78-80,91,124.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids  
Page(s): 74-80.

**Decision rationale:** MTUS Chronic Pain Medical Treatment Guidelines necessitate documentation that the prescriptions are from a single practitioner and are taken as directed; the lowest possible dose is being prescribed; and there will be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects, as criteria necessary to support the medical necessity of opioids. Within the medical information available for review, there is documentation of diagnoses of lumbar disc disease, lumbar radiculopathy, and left sacroiliac joint arthropathy. However, there is no documentation that the prescriptions are from a single practitioner and are taken as directed; the lowest possible dose is being prescribed; there will be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Therefore, based on guidelines and a review of the evidence, the request for Norco 10/325mg, 1 tablet by mouth two times per day (PO BID), #60 is not medically necessary.