

<b>Case Number:</b>	CM14-0116164		
<b>Date Assigned:</b>	08/06/2014	<b>Date of Injury:</b>	08/22/2013
<b>Decision Date:</b>	09/10/2014	<b>UR Denial Date:</b>	06/27/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/24/2014

### 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 Physical Medicine & Rehabilitation, has a subspecialty in Pain 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 36-year-old female with an original industrial injury on August 22, 2013. The injured worker has diagnoses of lumbar spine strain, lumbar radiculopathy, and lumbar disc intrusions. The disputed request is for Norco. Conservative treatments have consisted of activity modification, pain medication, and physical therapy. A utilization review determination on June 27, 2014 had noncertified this request stating that there was "no clear detail provided as to what specific overall functional benefit has been achieved with the Norco."

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 25mg #60:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines <Opioid Criteria Section> Page(s): 76-80.

**Decision rationale:** For the continuation of opioid pain medication, the guidelines recommend documentation of functional benefit, analgesic efficacy, adverse side effects, and monitoring of aberrant behaviors. The submitted documentation was reviewed. Included were notes from recent office visits. A progress note on date of service June 4, 2014 documents that the patient

has benefit from physical therapy. There is recommendation for the continued judicious use of Norco. However there is no documentation of opioid risk screening and/or documentation of checking state databases for narcotic use or random periodic drug screens. Thus criteria for continuation of Norco is not met and this is not medically necessary.