

<b>Case Number:</b>	CM14-0126382		
<b>Date Assigned:</b>	08/13/2014	<b>Date of Injury:</b>	02/21/1990
<b>Decision Date:</b>	09/18/2014	<b>UR Denial Date:</b>	07/10/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/08/2014

### 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 and is licensed to practice in Nevada. 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 records presented for review indicate that this 48-year-old female was reportedly injured on February 21, 1990. The mechanism of injury is not listed in these records reviewed. The most recent progress note, dated June 16, 2014, indicates that there are ongoing complaints of low back pain radiating to the left lower extremity. Current medications were stated to be soma, Norco, Anaprox, Lidoderm patches, lorazepam, and Wellbutrin. No physical examination was performed on this date. Diagnostic imaging studies of the lumbar spine indicated a small disc bulge at L5 - S1 that abuts the traversing S-1 nerve root along with moderate bilateral foraminal narrowing at L4 - L5. Previous treatment includes a self-directed home exercise program. A request had been made for Norco and was not certified in the pre-authorization process on July 10, 2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 10/325 MG #60:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-78, 88, 91.

**Decision rationale:** Norco (hydrocodone/acetaminophen) is a short acting opiate indicated for the management of moderate to severe breakthrough pain. The California MTUS guidelines support short-acting opiates at the lowest possible dose to improve pain and function, as well as the ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. The injured employee has chronic pain; however, there is no objective clinical documentation of improvement in their pain or function with the current regimen. As such, this request for Norco is not medically necessary.