

<b>Case Number:</b>	CM14-0128326		
<b>Date Assigned:</b>	08/18/2014	<b>Date of Injury:</b>	09/15/2012
<b>Decision Date:</b>	10/02/2014	<b>UR Denial Date:</b>	07/11/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/12/2014

### 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 Physical Medicine and Rehabilitation, 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:

This is a female patient with the date of injury of September 15, 2012. A Utilization Review was performed on July 11, 2014 and recommended modification of Norco 2.5/325 mg, 1 every 6 hours as needed for pain, #120 for the cervical spine, bilateral shoulders, and bilateral upper extremities to Norco 2.5/325 mg, #60. A Progress Report dated July 1, 2014 identifies Primary Complaints of positive LBP, the rest is illegible. Objective Findings identify L/S PVM muscle spasm, the rest is illegible. Diagnoses identify cervical spine sprain/strain, lumbar spine sprain/strain, bilateral knee (illegible), bilateral shoulder myofascial (illegible), bilateral forearm/wrist tenosynovitis, lateral epicondylitis, bilateral plantar fasciitis, the rest is illegible. Treatment Plan identifies request authorization for Norco.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 2.5/325mg #120:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99, 78.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 76-79, 120.

**Decision rationale:** Regarding the request for Norco (hydrocodone/acetaminophen), California Pain Medical Treatment Guidelines state that Norco is an opiate pain medication. Due to high abuse potential, close follow-up is recommended with documentation of analgesic effect, objective functional improvement, side effects, and discussion regarding any aberrant use. Guidelines go on to recommend discontinuing opioids if there is no documentation of improved function and pain. Within the documentation available for review, there is no indication that the Norco is improving the patient's function or pain (in terms of percent reduction in pain or reduced NRS), no documentation regarding side effects, and no discussion regarding aberrant use. Unfortunately, there is no provision to modify the current request to allow tapering. In the absence of such documentation, the currently requested Norco is not medically necessary.