

<b>Case Number:</b>	CM14-0139725		
<b>Date Assigned:</b>	09/05/2014	<b>Date of Injury:</b>	02/26/2012
<b>Decision Date:</b>	11/03/2014	<b>UR Denial Date:</b>	08/22/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/28/2014

### 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, 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:

The injured worker is a 32-year-old female who was reportedly injured on February 26, 2012. The mechanism of injury is noted as bending over to stock water. The most recent progress note dated August 8, 2014, indicates that there are ongoing complaints of low back pain. The physical examination demonstrated trigger points of the lower lumbar paraspinal muscles. Diagnostic imaging studies of the lumbar spine revealed early degenerative disc disease with disc protrusions at L4 - L5 and L5 - S1 abutting the descending nerve roots. Previous treatment includes a lumbar spine decompression and fusion at L4 - L5 and L5 - S1 and participation in a functional restoration program. A request was made for Norco 10/325 and was not certified in the pre-authorization process on August 22, 2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 10/325mg #180:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines: Opioids.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-78, 88, 91 of 127..

**Decision rationale:** Norco (hydrocodone/acetaminophen) is a short acting opiate indicated for the management in controlling moderate to severe pain. This medication is often used for intermittent or breakthrough pain. The California Medical Treatment Utilization Schedule (MTUS) guidelines support short-acting opiates at the lowest possible dose that establishes improvement (decrease) in the pain complaints and increased functionality, 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 after a work-related injury, however, there is no objective clinical documentation of improvement in the pain or function with the current regimen. As such, considering the guideline requirements stated above, this request for Norco is not considered medically necessary.