

<b>Case Number:</b>	CM14-0143975		
<b>Date Assigned:</b>	09/18/2014	<b>Date of Injury:</b>	04/22/2002
<b>Decision Date:</b>	12/08/2014	<b>UR Denial Date:</b>	08/28/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/05/2014

### 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, 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 73-year-old individual with an original date of injury of May 22, 2002. The injured worker has chronic low back pain, lumbar facet arthrosis, and lumbar spondylosis. The patient is receiving treatment with narcotic pain medications including OxyContin and Norco, as documented in a progress note on January 6, 2014. In the submitted notes, there is documentation that CURES reports have been accessed and have been appropriate as documented on March 5, 2014 or May 5, 2014. The patient also reports that OxyContin helps diminish the pain from a baseline of six out of 10 to 3 or four out of 10. Functionally, the patient is able to walk without significant pain. There is documentation urine drug testing in January 2014 that was consistent. The disputed issue is a request for Norco, which was denied due to a lack of documentation of improvement per the utilization reviewer.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 10/325mg #10:** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 Page(s): 75-80.

**Decision rationale:** Regarding the request for Norco (hydrocodone/acetaminophen), Chronic 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 further specify for discontinuation of opioids if there is no documentation of improved function and pain. The patient is receiving treatment with narcotic pain medications including OxyContin and Norco, as documented in a progress note on January 6, 2014. In the submitted notes, there is documentation that CURES reports have been accessed and have been appropriate as documented on March 5, 2014 or May 5, 2014. The patient also reports that OxyContin helps diminish the pain from a baseline of six out of 10 to 3 or four out of 10. Functionally, the patient is able to walk without significant pain. There is documentation urine drug testing in January 2014 that was consistent. The most recent note from date of service 6/17/14 indicates that the Norco is only being used on an as needed basis, and the quantity refilled was #20. This means the patient is only taking this 0-1 times per day. Given, that these notes collective show some analgesic benefit, no aberrancy, appropriate monitoring of urine drug testing, the hydrocodone/acetaminophen is medically necessary.