

<b>Case Number:</b>	CM14-0153768		
<b>Date Assigned:</b>	09/23/2014	<b>Date of Injury:</b>	10/06/1994
<b>Decision Date:</b>	12/16/2014	<b>UR Denial Date:</b>	09/08/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/19/2014

### 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 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:

This is a female patient with the date of injury of October 6, 1994. A Utilization Review dated September 8, 2014 recommended modification of Norco 10/325 #30. An Initial Pain Management Consultation dated August 8, 2014 identifies History of Present Illness of shoulder pain, leg pain, and low back pain. Physical Exam identifies pain in the dorsal thorax in the left at and medial to the left inferior angle of the scapula. There is tenderness at the left dorsal thorax adjacent to the spinous process over the left sided facet joints at the level of the left inferior scapular angle. There is diffuse tenderness bilaterally in the lumbar region but most notably at the left adjacent to the spinous processes over the lower facets. Lumbar range of motion is limited in extension, right axial rotation, and left axial rotation. Diagnoses identify anxiety disorder in conditions classified elsewhere, post laminectomy syndrome lumbar, lumbar or thoracic radiculopathy, thoracic spondylosis, lumbar spondylosis, and myofascial pain syndrome. Treatment Plan identifies refill Norco 10/325.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 10/325mg #30:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47-48, Chronic Pain Treatment Guidelines Opioids. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain Chapter, Opioids

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 44, 47, 75-79, 120 of 127.

**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 medication is improving the patient's function or pain (in terms of specific examples of functional improvement and percent reduction in pain or reduced NRS), no documentation regarding side effects, and no discussion regarding aberrant use. As such, there is no clear indication for ongoing use of the medication. Opioids should not be abruptly discontinued, but unfortunately, there is no provision to modify the current request to allow tapering. In light of the above issues, the currently requested Norco (Hydrocodone/Acetaminophen) is not medically necessary.