

<b>Case Number:</b>	CM14-0158821		
<b>Date Assigned:</b>	10/02/2014	<b>Date of Injury:</b>	09/10/2012
<b>Decision Date:</b>	10/29/2014	<b>UR Denial Date:</b>	09/03/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/29/2014

### 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:

This is a patient with a date of injury of September 10, 2012. A utilization review determination dated September 3, 2014 is not medically necessary for Norco. Partial approval was recommended to allow the requesting physician time to initiate weaning or provide additional documentation. A progress report dated September 22, 2014 identifies subjective complaints indicating that the patient has low back pain and left leg pain which have improved 25% since the epidural injection. She also has spasm in her calf at night and cannot tolerate more than 300 mg of gabapentin. She states that the Norco makes her too sleepy during the day she would like to resume Tramadol. The patient's pain scores 4-5/10. Without pain medication, the score is 9/10. Objective examination findings indicate that a urine drug screen on June 17, 2014 tested positive for Hydrocodone. Diagnoses include lumbar radiculopathy, insomnia, and neuropathic pain. The treatment plan recommends a Microdiscectomy, request a urine drug screen, discontinue Norco, and start Tramadol. A progress report dated July 22, 2014 states that the patient wants to discontinue Norco. The treatment plan recommends discontinuing Norco.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 10/325mg 1 tab #60:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 44, 47, 75-79, 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 medication is improving the patient's function. Additionally, it appears the patient is having intolerable side effects from Norco and has requested that it be discontinued. In light of the above issues, the currently requested Norco (Hydrocodone/Acetaminophen) is not medically necessary.