

<b>Case Number:</b>	CM14-0164150		
<b>Date Assigned:</b>	10/08/2014	<b>Date of Injury:</b>	11/18/1985
<b>Decision Date:</b>	11/10/2014	<b>UR Denial Date:</b>	09/25/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/06/2014

### 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 male patient with the date of injury of November 18, 1985. A utilization review determination dated September 25, 2014 recommends non-certification of Norco 5/325 mg #600, the request was modified to #240 to initiate tapering off the medication. A progress note dated July 1, 2014 identifies subjective complaints of right ankle pain, low back pain that is intermittent; the patient is able to control symptoms with regular walking and exercise; prolonged sitting aggravates his back. The patient currently requires Norco four tablets per day and two Valium tablets per day to control his symptoms. The patient is stable on this regimen and has been able to taper the narcotic dose somewhat. Physical examination identifies localized lower back tenderness, stiffness with range of motion, right ankle shows minimal soft tissue swelling, and right ankle has increased AP and inversion instability. There are no diagnoses listed. The treatment plan recommends renewal of medications on a monthly basis until his next visit.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 5/325 mg #600:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 94-95.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page(s): Page 44, 47, 75-7.

**Decision rationale:** Regarding the request for Norco 5/325mg #600, 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, fortunately, there is provision to modify the current request to allow tapering. In light of the above issues, the currently requested Norco 5/325mg #600 is not medically necessary.