

<b>Case Number:</b>	CM14-0171759		
<b>Date Assigned:</b>	10/23/2014	<b>Date of Injury:</b>	02/01/2002
<b>Decision Date:</b>	11/25/2014	<b>UR Denial Date:</b>	10/10/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/17/2014

### 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 & 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 patient with a date of injury of 2/1/02. A utilization review determination dated 10/10/14 recommends modification of Norco from #90 with 2 refills to #90 with no refills. 9/30/14 medical report identifies low back pain radiating to the left buttock, lateral thigh, and lateral calf. On exam, there are lumbar spasms, tenderness, and restricted ROM. "Lumbar discogenic provocative maneuvers were positive." SLR was positive on the left and strength was 4+/5 in the left EHL, left peroneals, left posterior tibial, and left gastrocsoleus. Sensation was reduced in the left S1 dermatome. Norco provides 50% improvement in pain and 50% improvement in ADLs "such as self-care and dressing." The patient has a current pain contract and previous UDS was said to be consistent. The provider notes that no adverse effects or aberrant behavior are noted.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 10/325 mg #90 with 2 refills:** 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, California Pain Medical Treatment Guidelines note that it 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 noted improvement in pain and function with no side effects and the provider discusses aberrant use. However, the current request is for a 3-month supply, which is not conducive to regular reevaluation for ongoing efficacy and, unfortunately, there is no provision for modification of the current request. In light of the above issues, the currently requested Norco is not medically necessary.