

<b>Case Number:</b>	CM14-0179357		
<b>Date Assigned:</b>	11/03/2014	<b>Date of Injury:</b>	07/10/2008
<b>Decision Date:</b>	12/10/2014	<b>UR Denial Date:</b>	10/14/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/29/2014

### 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 7/10/08. A utilization review determination dated 10/14/14 recommends modification of Norco. 10/30/14 medical report identifies low back pain 4/10 with RLE numbness, tingling, and pain to the right knee on occasion. There is a 50 percent reduction of pain with the medications and no side effects. Medications help improve his function and he is able to perform his daily activities with less pain. On exam, there is tenderness, pain with extension, positive SLR on the right, decreased sensation right L4 and L5. UDS was obtained. Patient was screened for aberrant behavior and noted to be cleared and in full compliance after discussion.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 10/325mg #90:** Overturned

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

**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 indication that the medication is improving the patient's function and without side effects, and discussion regarding aberrant use noted no aberrant behavior was detected. The patient has also been screened for compliance. In light of the above, the currently requested Norco is medically necessary.