

<b>Case Number:</b>	CM14-0179596		
<b>Date Assigned:</b>	11/04/2014	<b>Date of Injury:</b>	09/25/2009
<b>Decision Date:</b>	12/09/2014	<b>UR Denial Date:</b>	10/07/2014
<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 & 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 9/25/2009. A utilization review determination dated 10/7/2014 recommended non certification for the requested Norco 10/325mg # 270 stating that opioid medication is not recommended for prolonged use and there is no indication of medication compliance. A progress report dated 7/1/14 indicates the patient returns for follow up stating he is doing fairly well with the use of his pain medications that he takes the medication approximately 5 days out of the week. The pain is mostly in his low back and he rates his pain usually around a 5-7/10 but with medication it can go down to about a 2/10. He has continued to work full time with medication but does more brain work and supervising with no physical labor. Objective findings indicate he has near full range of motion of the lumbar spine and good strength of both lower extremities. Diagnoses include large extruded disk at L5-S1 towards the left, left S1 radiculopathy, Patellofemoral syndrome of the right knee with mild chondromalacia of the patella and a small tear of the posterior horn lateral meniscus suspected. Treatment plan indicates the patient is given another 3 month supply of Norco #270, urine drug screen today, follow up 3 months. A drug screen left on 7/1/14 was negative for opiates and positive for benzodiazepines. A recent psychology report dated 7/15/14 discusses a diagnoses of pain disorder associated with both psychological symptoms and general medical condition of major depressive disorder and anxiety.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 10/325mg tabs 270:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Opioids

**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): 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 documentation of improvement of pain including the ability to continue working. A urine drug screen has been performed. It is acknowledged that the urine drug screen is negative, however, the patient states that he uses the medication intermittently, so a negative result would not necessarily be inconsistent. It would be recommended to perform a follow-up urine drug screen in the future, but this should not preclude the ongoing use of this medication due to the documentation of subjective and objective improvement as a result of its use. Therefore, the currently requested Norco is medically necessary.