

<b>Case Number:</b>	CM14-0185823		
<b>Date Assigned:</b>	11/13/2014	<b>Date of Injury:</b>	03/28/2006
<b>Decision Date:</b>	12/15/2014	<b>UR Denial Date:</b>	11/05/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/07/2014

### 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 Internal 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:

Pursuant to the clinical note dated September 18, 2014, the IW complained of low back pain, legs give out, and pain that shoots down to his toes. The IW stated that his functional improvement with medications was improved by more than 50%. Without medications, his pain was rated 10/10. With medication his pain was rated 4/10. Physical examination revealed decreased cervical range of motion (ROM). There was crepitus with ROM. Tenderness to palpation across cervicotracheal ridge. There was moderate to severe trapezius spasms. The treatment plan was to refill Norco 10/325mg and Androgel 1.62% for pain and hypogonadism. Documentation indicated that the IW was taking Norco since at least November of 2013.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 10/325mg #180:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 78.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for Opiates Page(s): 74-96. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Pain Section, Opiates

**Decision rationale:** Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Norco 10/325#180 is not medically necessary. The guidelines for chronic ongoing opiate use require an ongoing review with documentation of pain relief, functional status, appropriate medication use and side effects. Detailed pain assessments should include current pain, police reported pain over the period since last assessment, average pain, and intensity of pain after taking the opiate, how long it takes for pain relief and health pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function or improve quality of life. The lowest dose possible should be prescribed to improve pain and function. In this case, the injured worker is 53 years old with a date of injury March 28, 2006. Current diagnoses are status post lumbar fusion, symptomatic hardware lumbar spine, lumbar disc disease, chronic low back pain, narcotic use, cervical spine degenerative disease, and cervical sprain/strain. Current medications include Norco 10/325 two tablets three times a day for pain. The injured worker states with medication his number function improved to more than 50% of relief; without medication is pain with 10 out of 10; with medication it decreased to four at 10. The documentation did not contain a detailed pain assessment with objective functional improvement associated with continued narcotic use. The injured worker had continued 10 out of 10 pain without Norco use. The documentation did not included recent urine drug screen nor was there documentation of side effects, if any. Documentation indicated that the IW was taking Norco since at least November of 2013. Consequently, Norco 10/325#180 is not medically necessary. Based on the clinical information in the medical record and the peer-reviewed evidence-based guidelines, Norco 10/325#180 is not medically necessary.