

<b>Case Number:</b>	CM14-0026041		
<b>Date Assigned:</b>	06/13/2014	<b>Date of Injury:</b>	04/27/2006
<b>Decision Date:</b>	07/16/2014	<b>UR Denial Date:</b>	02/21/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/28/2014

### 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 and is licensed to practice in Illinois. 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:

The injured worker is a 72-year old male who reported an injury on 04/27/2006 of an unknown mechanism. On 02/18/2014 a report was submitted with request for authorization to refill Norco 10/325 mg #90 for the injured worker. It was reported that the injured worker continues to take Norco 10/325 mg three times a day with no reported side effects. The report that was submitted did not provide a physical examination on the injured worker. On 03/25/2014 the injured worker complained of back pain and neck his pain level was 8/10. The injured worker stated that his low back pain is the worst with intermittent flare ups. He states that when he walks, his right leg feels numb with pain radiating down from the lower back to the right foot. The injured worker stated that he had right wrist pain with numbness that wakes him up at night. The injured worker takes 2 to 5 tabs of Norco depending on his pain level and it was noted he still continues to use the lumbar brace. It was reported the injured worker had an antalgic and slow gait. It was also noted that his sit to stand was slowed due to pain. It was reported that the physical examination was deferred for this visit on 03/25/2014. The injured worker's medication includes Norco 10/325 mg. The injured worker's diagnoses includes lumbago, carpal tunnel release, carpal tunnel syndrome (left), post laminectomy syndrome of the lumbar region, lumbar disc replacement without myelopathy, post laminectomy syndrome of cervical region, cervicobrachial syndrome, brachial neuritis or radiculitis not specified, backache not specified and sprain/strain neck. The treatment plan was for Norco prospective 10/325 mg # 90. The authorization request was submitted for review on 02/18/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**PROSPECTIVE REQUEST FOR 1 PRESCRIPTION OF NORCO 10/325 MG #90:**  
Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use Page(s): 78.

**Decision rationale:** The California Medical Treatment Utilization Schedule (MTUS) guidelines state that criteria for use for ongoing- management of opioids include ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. The injured worker complained of persistent pain of his low back pain and neck pain. There is ongoing documentation indicating a Norco 10/325mg prescription from 05/29/2013. There is lack of documentation stating the efficacy of the Norco 10/325 mg prescription. There was no documentation that the injured worker was provided conservative care to include physical therapy and opioid medication management and no physical examination was done on 02/18/2014 and 03/25/2014 to report injured worker's physical condition. There is a lack of documentation regarding average pain, intensity of pain, or longevity of pain relief. There was a urine drug screen and on 03/25/2014, the patient was negative for prescribed Norco on an in office urine drug screen. In addition, the request does not include the frequency for the medication to be given. Given the above, the request for the ongoing use of Norco is not supported by the California Medical Treatment Utilization Schedule (MTUS) Guidelines recommendations. As such the request for prospective Norco 10/325 mg # 90 is not medically necessary.