

<b>Case Number:</b>	CM14-0027079		
<b>Date Assigned:</b>	06/13/2014	<b>Date of Injury:</b>	03/26/2006
<b>Decision Date:</b>	07/16/2014	<b>UR Denial Date:</b>	01/29/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/03/2014

### 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 Nevada. 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 records presented for review indicate that this 53-year-old male was reportedly injured on March 26, 2006. The injury occurred while crawling in a tight space while using a cutting torch and he outstretched himself. The most recent progress note, dated January 23, 2014 indicates that there are ongoing complaints of low back pain. On this date it was stated that the prescription of Norco was less effective. Current medications were stated to include Norco, Lunesta, and Flexeril. Diagnostic imaging studies objectified a disc herniation at the L5 - S1 level. Nerve conduction studies dated December 29, 2006 noted irritation of the L5 - S1 nerve root. Previous treatment includes physical therapy, and lumbar spine injections, as well as an L5 - S1 laminectomy and discectomy in June 2006. A request had been made for Norco and was not certified in the pre-authorization process on January 29, 2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**450 TABLETS OF NORCO 10-325 MG:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, specific drug list.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009), Opioids, ongoing management Page(s): 78.

**Decision rationale:** According to the medical record provided the injured employee was prescribed Norco to be taken every 3 to 4 hours for treatment of low back pain. This was stated to be an increased dosing from prior. There is no mention in the medical records of the efficacy of this dosage or of the prior dosage to include side effects, increased ability to work with this medication, or ability to perform activities of daily living. This information should be supplied prior to considering increased and continued dosages of Norco. For these reasons this request for an additional 450 tablets of Norco is not medically necessary and appropriate.