

<b>Case Number:</b>	CM14-0028846		
<b>Date Assigned:</b>	06/16/2014	<b>Date of Injury:</b>	04/08/1999
<b>Decision Date:</b>	07/28/2014	<b>UR Denial Date:</b>	02/21/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/06/2014

### 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 Occupational Medicine and is licensed to practice in Texas. 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 58 year old male who sustained an injury on 04/08/99. The mechanism of injury was not documented. The injured worker has been followed for complaints of chronic neck and low back pain with more severe pain in the lumbar spine. Medications have included Ultram, Norco, Lidoderm patches and Ibuprofen. The injured worker did report 50% functional improvement with medications versus no medications. There was a clinical report on 05/19/14 noting limited range of motion in the neck and low back. Specific pain scores were not provided. Medications were continued at this visit. The injured worker was under a narcotics contract and urine drug screens were reported to be appropriate. The requested Norco 10/325mg, quantity 120 was denied by utilization review on 02/24/14.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **RECONSIDERATION FOR NORCO 10/325 MG #120 AS AN OUTPATIENT FOR NECK AND LOW BACK PAIN: 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): 88-89.

**Decision rationale:** According to current evidence based guidelines, the use of a short acting narcotic such as Norco can be considered an option in the treatment of moderate to severe musculoskeletal pain. The clinical documentation provided for review did not identify any particular functional improvement obtained with the ongoing use of Norco, no specific pain improvement was attributed to the use of this medication and did not include any compliance measures such as toxicology testing or long term opiate risk assessments (COMM/SOAPP) to determine risk stratification. This would be indicated for Norco, given the long term use of this medication. As there is insufficient evidence to support the ongoing use of Norco, the request for Reconsideration for Norco 10/325 Mg #120 as an Outpatient for Neck and Low Back Pain is not medically necessary and appropriate.