

<b>Case Number:</b>	CM14-0039592		
<b>Date Assigned:</b>	06/27/2014	<b>Date of Injury:</b>	06/30/2011
<b>Decision Date:</b>	08/19/2014	<b>UR Denial Date:</b>	03/06/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/04/2014

### 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 58-year-old male was reportedly injured on 6/30/2011. The mechanism of injury was not listed in the records reviewed. The most recent progress note, dated 2/27/2014, indicated that there were ongoing complaints of low back pain. The physical examination demonstrated lumbar spine range of motion was limited, tenderness to palpation over the bilateral lumbar paraspinal muscles, and lower lumbar facet joints. Positive lumbar facet loading bilaterally. Positive Patrick's test and positive Gaenslen's maneuver. Diagnostic imaging studies included an EMG/nerve conduction study of the bilateral lower extremities, which revealed chronic neuropathic changes consistent with a left L4 radiculopathy. Previous treatment included injections, medications, and conservative treatment. A request had been made for Norco 10/325 mg #120 and was not certified in the pre-authorization process on 3/6/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 10/325mg #120:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines : 8 C.C.R. 9792.20 - 9792.26 (Effective July 18, 2009 Page(s): 74-78.

**Decision rationale:** Norco (hydrocodone/acetaminophen) is a short-acting opioid combined with acetaminophen. California MTUS supports short-acting opiates for the short-term management of moderate to severe breakthrough pain. Management of opiate medications should include the lowest possible dose to improve pain and function, as well as the ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. In this case, the injured employee has chronic low back pain; however, there was no clinical documentation of improvement in their pain or function with the current regimen. As such, the request for Norco 10/325 mg #120 is not medically necessary and appropriate.