

<b>Case Number:</b>	CM14-0039787		
<b>Date Assigned:</b>	06/27/2014	<b>Date of Injury:</b>	03/26/2003
<b>Decision Date:</b>	08/21/2014	<b>UR Denial Date:</b>	03/26/2014
<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 Occupational 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:

This is a 54-year-old male with a 3/26/03 date of injury. The mechanism of injury was that he fell into a hole cut into concrete which had been covered with carpet. His right leg bent backward causing him to fall backward. According to a 5/19/14 progress note, the patient stated that his pain is worse with weight bearing, bending, walking, lifting, pushing, and pulling. Changes in weather and being immobile affect him. He had low back pain which has gradually come on because of his altered gait. He complained of headache and turning his head makes him worse. Objective findings: limited flexion and extension of back, pain in the lumbar spine area but not the ischium, right quad/calf atrophy, decreased range of motion for the bilateral hips. Diagnostic impression: right knee and leg pain, altered gait, mechanical lower back pain, diabetes, hypertension, depression, sexual dysfunction. Treatment to date: medication management, activity modification, physical therapy. A UR decision dated 3/26/14 modified the request for Norco 10/325mg #60 with 2 refills to certify Norco 10/325mg #60 with 0 refills. It appears that the patient is a candidate for a prescription of Norco. The patient has been treated with opioids for over a year, but has clinical evidence of increased activities of daily living and decreased pain levels.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 10/325 mg #60 with 2 refills:** 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 Page(s): 78-81.

**Decision rationale:** CA MTUS Chronic Pain Medical Treatment Guidelines do not support ongoing opioid treatment unless prescriptions are from a single practitioner and are taken as directed; are prescribed at the lowest possible dose; and unless there is ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. According to a progress note dated 5/19/14, the patient stated that medications help him with his pain. In several of the reports reviewed, the patient states that with his medications, he is able to walk further, stand longer, sit longer, bend over, lift heavier objects, drive for longer periods of time, and do more chores. There is also documentation of a pain contract with his primary physician. The UR decision dated 3/26/14 certified the request for Norco 10/325mg #60 with 0 refills. According to the reports provided for review, it seems that the patient is following up with his physician monthly. There is no rationale provided as to why the patient requires a three-month supply of this medication at this time. Therefore, the request for Norco 10/325 mg #60 with 2 refills are not medically necessary.