

<b>Case Number:</b>	CM14-0045101		
<b>Date Assigned:</b>	06/27/2014	<b>Date of Injury:</b>	05/24/2013
<b>Decision Date:</b>	10/21/2014	<b>UR Denial Date:</b>	03/20/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/01/2014

### 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 65-year-old male was reportedly injured on 5/24/2013. The mechanism of injury was noted as a lifting injury. The most recent progress note, dated 2/19/2014, indicated that there were ongoing complaints of low back pain that radiated into his lower extremity. The physical examination demonstrated lumbar spine had decreased range of motion secondary to pain. There was mild to moderate muscle spasm and tenderness from the high lumbar area down the sacrum. Lower extremity was with pain and with manipulation of the lower extremity. There was negative straight leg raise bilaterally. Motor and sensory exam had decreased sensation in the lateral calf and mid foot consistent with L5 dermatome on the left. Otherwise motor and sensory exam was unremarkable. No recent diagnostic studies are available for review. Previous treatment included medications, physical therapy, epidural steroid injections, and chiropractic care. A request had been made for Norco 10/325 #60 and was not certified in the pre-authorization process on 3/20/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 10/325 #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 76.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-78, 88, 91 of 127.

**Decision rationale:** Norco (hydrocodone/acetaminophen) is a short acting opiate indicated for the management in controlling moderate to severe pain. This medication is often used for intermittent or breakthrough pain. The California MTUS guidelines support short-acting opiates at the lowest possible dose that establishes improvement (decrease) in the pain complaints and increased functionality, as well as the ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. The claimant has chronic pain after a work-related injury. However, there is no objective clinical documentation of improvement in the pain or function with the current regimen. As such, this request for Norco is not considered medically necessary.