

<b>Case Number:</b>	CM14-0048026		
<b>Date Assigned:</b>	08/29/2014	<b>Date of Injury:</b>	07/13/2010
<b>Decision Date:</b>	10/07/2014	<b>UR Denial Date:</b>	03/07/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/16/2014

### 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 26-year-old gentleman was reportedly injured on July 13, 2010. The mechanism of injury was not listed in these records reviewed. The most recent progress note, dated July 11, 2014, indicated that there were ongoing complaints of low back pain. The injured employee stated that he has been using Norco tablets three times per day, which allowed him to perform his daily activities. The physical examination demonstrated spasms and tenderness of the lumbar spine paravertebral muscles and decreased range of motion. There was a positive bilateral straight leg raise test at 50 and decreased sensation bilaterally in the S1 nerve distribution. Diagnostic imaging studies were not reviewed during this visit. Previous treatment included the use of a TENS unit, a back brace, and oral medications. A request had been made for Norco 10/325 and was not certified in the pre-authorization process on March 7, 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 tabs:** Upheld

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

**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 to improve pain and function, as well as the ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. The progress note, dated July 11, 2014, stated that requested dosage allowed the injured employee to perform his daily activities; however, there is no objective clinical documentation of improvement in the pain or function with the current regimen. As such, this request for Norco 10/325mg #120 tabs is not medically necessary and appropriate.