

<b>Case Number:</b>	CM14-0055798		
<b>Date Assigned:</b>	07/09/2014	<b>Date of Injury:</b>	12/11/2009
<b>Decision Date:</b>	08/14/2014	<b>UR Denial Date:</b>	04/01/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/25/2014

### 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 injured worker is a 56 year-old female who was reportedly injured on 12/11/2009. The mechanism of injury is noted as a lifting injury. The most recent progress note, dated 3/24/2014 indicates that there are ongoing complaints of low back pain, leg pain and leg numbness. The physical examination demonstrated lumbar spine: well healed incision, tenderness to palpation over L4-L5, palpable muscle spasms. Limited range of motion with pain. Muscle strength 3/5 in the left and 5/5 on the right. Decreased sensation in the lateral portion of the left leg. Straight leg raise positive on the left. Diagnostic imaging studies mentioned are recent x-rays and computed tomography scans of the lumbar spine from 1/9/2014 which reveal L3-L4 fusion still in progress, L4-L5 was fused and L2-L3 is almost fused. Official radiologic report was not available for review. Previous treatment includes previous surgery, physical therapy, chiropractic care, acupuncture, injections, and medications. A request had been made for Norco 10/325 #120 with 3 refills and was not certified in the pre-authorization process on 4/1/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 10/325mg #120, 3 refills:** 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. MTUS (Effective July 18, 2009) Page 74-78 of 127 Page(s): 74-78 of 127.

**Decision rationale:** Norco (hydrocodone/acetaminophen) is a short-acting opioid combined with acetaminophen. California Medical Treatment Utilization Schedule 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. The injured employee has chronic low back pain; however, there is no clinical documentation of improvement in their pain or function with the current regimen. As such, this request is not considered medically necessary.