

<b>Case Number:</b>	CM14-0075558		
<b>Date Assigned:</b>	07/16/2014	<b>Date of Injury:</b>	04/04/2001
<b>Decision Date:</b>	10/10/2014	<b>UR Denial Date:</b>	05/07/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/23/2014

### 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, has 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 69-year-old male with a 4/4/01 date of injury. The mechanism of injury occurred when he fell backward off a dump truck, a distance of 3-4 feet, and landed flat on his back on a rock. According to a progress report dated 7/22/14, the patient continued to have severe achy pain that was easily aggravated by physical activity. He has not been able to stand or sit for longer than 15 minutes, and has still been able to do much bending or lifting due to his pain. Objective findings: tenderness of lumbar paraspinal muscles bilaterally, pain with movement and flexion at his waist limited to 40 degrees, mild sensory deficits over lateral aspect of right thigh to his knee. Diagnostic impression: lumbago; low back pain, degeneration of lumbar or lumbosacral intervertebral disc, sciatica. Treatment to date: medication management, activity modification, lumbar discectomy and fusion in 2003, physical therapy. A UR decision dated 5/7/14 modified the request for Norco 7.5/325mg from 60 tablets with 3 refills to 45 tablets with zero refills for weaning purposes. With records indicating no pain improvement or improved function with Norco use, tapering is warranted.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 7.5/325mg #60 with 3 refills:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Hydrocodone/Acetaminophen, Weaning of Medications.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2  
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. However, given the 2001 date of injury, the duration of opiate use to date is not clear. There is no discussion regarding non-opiate means of pain control, or endpoints of treatment. The records do not clearly reflect continued analgesia, continued functional benefit, a lack of adverse side effects, or aberrant behavior. In addition, there is no documentation of an opiate pain contract, urine drug screens, or a CURES report. Therefore, the request for Norco 7.5/325mg #60 with 3 refills was not medically necessary.