

<b>Case Number:</b>	CM14-0078033		
<b>Date Assigned:</b>	07/18/2014	<b>Date of Injury:</b>	11/22/2006
<b>Decision Date:</b>	09/19/2014	<b>UR Denial Date:</b>	05/20/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/28/2014

### 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 37-year-old gentleman was reportedly injured on November 22, 2006. The mechanism of injury is not listed in these records reviewed. The most recent progress note, dated April 30, 2014, indicates that there are ongoing complaints of low back pain and left hip pain. Current medications include Norco, Motrin, and Aleve. Pain is stated to be 6/10 without medications and 2-3/10 on the visual analog scale with medications. The physical examination decrease low back range of motion. There was decreased sensation at the lateral aspect of the left leg and foot as well as muscular weakness of the left quadriceps, and doctors, and tibialis anterior. Diagnostic imaging studies were not reviewed during this visit. Previous treatment includes a left total hip replacement and lumbar spine surgery as well as chiropractic care, physical therapy, aquatic therapy were not reviewed during this visit., and massage. A request had been made for Norco and was not certified in the pre-authorization process on May 19, 2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 10/325mg #80:** Upheld

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

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

**Decision rationale:** A review of the attached medical record indicates that the injured employee wishes to decrease his usage of Norco and the note dated April 30, 2014 indicates that he has not taken any in a week's time. A prescription was written for Norco on January 24, 2014 for 80 tablets with two refills which at the rate the injured employee is taking his medications should last for six months or longer. Considering this, the request for Norco is not medically necessary at this time.