

<b>Case Number:</b>	CM14-0085349		
<b>Date Assigned:</b>	09/08/2014	<b>Date of Injury:</b>	07/14/2000
<b>Decision Date:</b>	10/14/2014	<b>UR Denial Date:</b>	05/02/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/09/2014

### 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 66-year-old female was reportedly injured on July 14, 2000. The most recent progress note, dated May 2, 2014, indicated that there were ongoing complaints of low back pain with radicular symptoms. Current medications include Norco and Ketoprofen cream. The physical examination revealed decreased lumbar spine range of motion and tenderness along the lumbar spine. Lower extremity strength was 5/5 and deep tendon reflexes were 2/2 at the knees and ankles. Diagnostic imaging studies were not reviewed during this visit. Previous treatment included a lumbar spine fusion and a functional restoration program. A request had been made for Norco 10/325 and was not certified in the pre-authorization process on May 5, 2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

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

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Acetaminophen, Hydrocodone Page(s): 11, 51.

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

**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 and 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 injured employee has chronic pain and has stated to be doing well using various techniques that she has learned in her functional restoration program; however she still uses Norco with unknown efficacy of her pain and ability to function and perform activities of daily living. As such, this request for Norco 10/325 is not medically necessary.