

<b>Case Number:</b>	CM14-0092438		
<b>Date Assigned:</b>	07/25/2014	<b>Date of Injury:</b>	02/29/2012
<b>Decision Date:</b>	08/28/2014	<b>UR Denial Date:</b>	05/21/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/18/2014

### 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 and is licensed to practice 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:

According to the records made available for review, this is a 53-year-old male with a 2/29/12 date of injury, and status post. At the time (5/21/14) of request for authorization for Norco 10/325 mg Quantity: 120, there was documentation of subjective low back pain that was greater than 10/10. There was also bjective documentation of tenderness in the lumbar spine, record at 4+ with muscle spasms, leg raising positive at 45 degrees, normal reflexes, and power in right leg 2-3/5 with some hypoesthesia. Current diagnoses include post traumatic low back pain with radiculopathy and post epidural shot. Medications are currently being for treatment, including Norco. There was no documentation that the prescriptions were from a single practitioner and were taken as directed; nor was there any documentation that the lowest possible dose was being prescribed; or whether or not there will be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects and functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications as a result of Norco use to date.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 10/325 mg Quantity: 120:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use Page(s): 78.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-80.

**Decision rationale:** Medical Treatment Utilization Schedule (MTUS) guidelines require that, "prescriptions are from a single practitioner and are taken as directed; the lowest possible dose is being prescribed; and there will be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects, as criteria necessary to support the medical necessity of opioids." MTUS also states that, "any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services." There was documentation of diagnoses of post traumatic low back pain with radiculopathy and post epidural shot. However, there was no documentation that the prescriptions were from a single practitioner and were taken as directed; the lowest possible dose was being prescribed; or whether or not there will be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. In addition, there was no documentation of functional benefit or improvement as a reduction in work restrictions; nor was there an increase in activity tolerance; and/or a reduction in the use of medications as a result of Norco. Therefore, based on guidelines and a review of the evidence, the request for Norco 10/325 mg Quantity: 120 is not medically necessary.