

<b>Case Number:</b>	CM14-0175421		
<b>Date Assigned:</b>	10/28/2014	<b>Date of Injury:</b>	08/03/2006
<b>Decision Date:</b>	03/03/2015	<b>UR Denial Date:</b>	10/09/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/23/2014

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:  
State(s) of Licensure: California, Indiana, New York  
Certification(s)/Specialty: Internal Medicine

### 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 65 year old female injured worker suffered an industrial injury on 8/3/2006 while at work slipped and fell on a wet floor resulting in pain in the left wrist back bilateral knees. The visit on 5/5/2014 the provider noted she had significant disc collapse in the lumbar discs of 2 to 5. The visit on 10/01/2014 the injured worker reported lower back pain and left lower leg pain. The provider noted severe degenerative changes of the lumbar spine. Due to scoliosis and osteopenia, it was very unlikely she would be a surgical candidate. The exam revealed decreased range of motion and was walking with a walker. The pain was 7/10 without medications and 4-5/10 with medications. The UR decision on 10/9/2014 modified the request for Norco 10/325 #180 with 2 refills to 3 months to permits weaning.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 10/325mg #180 x 2 refills:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Hydrocodone/Acetaminophen (Anexsia, Co-Gesic, Hycet, Lorcet, Lorta.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opiates  
Page(s): 74-96.

**Decision rationale:** Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Norco 10/325 mg #180 with two refills is not medically necessary. Ongoing, chronic opiate use requires an ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. A detailed pain assessment should accompany ongoing opiate use. Satisfactory response to treatment may be indicated by the patient's decreased pain, increase level of function or improve quality of life. The lowest possible dose should be prescribed to improve pain and function. The patient should set goals and the continued use of opiates should be contingent on meeting those goals. In this case, the injured worker's working diagnoses are severe scoliosis; multilevel lumbar degenerative disc disease; and osteopenia of the spine. Subjectively, the injured workers complains of ongoing low back pain. The injured worker admits to doubling up on medications in the past and obtaining medicines from other physicians. The injured worker uses a walker and is morbidly obese. Documentation is unclear as to the duration of time be injured worker has been on Norco. The most recent progress note dated October 1, 2014. Documentation does not contain the risk assessments or detailed pain assessments. Documentation does not contain evidence of objective functional improvement as it relates to Norco. Consequently, absent clinical documentation with objective functional improvement to support the ongoing use of Norco, Norco 10/325 mg #180 with two refills is not medically necessary.