

<b>Case Number:</b>	CM14-0187136		
<b>Date Assigned:</b>	11/17/2014	<b>Date of Injury:</b>	12/24/2011
<b>Decision Date:</b>	01/05/2015	<b>UR Denial Date:</b>	10/24/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/10/2014

### 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 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 55-year-old male with a 12/24/2011 date of injury. The exact mechanism of the original injury was not clearly described. A progress report dated 10/21/14 noted subjective complaints of low back pain. Objective findings included decreased lumbar ROM, bilateral sacroiliac tenderness, and an awkward gait. A progress report dated 7/1/14 noted that, regarding the patient's use of Norco, there has been significant pain relief with functional improvements, such as above the shoulder activities, light housework, walking, washing and drying. It is also noted that the patient has an opiate contract with the primary provider. Diagnostic Impression: lumbar degenerative disc disease and lumbar radiculopathy. Treatment to Date: medication management and home exercise. A UR decision dated 10/24/14 denied the request for Norco 10/325 mg #150. Within the medical information available for review, there was no documentation that the prescriptions were from a single practitioner and were taken as directed and that the lowest possible dose was being used.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 10/325mg 1 tab Q4-Q6 PRN #150:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 78-80, 91, 124.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines opiates  
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. In the documents available for review, there is clear documentation of continued analgesia as well as objective functional benefit such as overhead shoulder activities, walking, and washing and drying obtained from the use of Norco. Additionally, there is an opiate contract with the primary provider as well as random urine screening for compliance. Therefore, the request for Norco 10/325 mg 1 tab Q4-Q6 PRN #150 was medically necessary.