

<b>Case Number:</b>	CM14-0187378		
<b>Date Assigned:</b>	11/17/2014	<b>Date of Injury:</b>	07/19/2006
<b>Decision Date:</b>	01/06/2015	<b>UR Denial Date:</b>	10/23/2014
<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 Physical Medicine and Rehabilitation, has a subspecialty in Pain 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 female patient with a date of injury of July 19, 2006. A utilization review determination dated October 23, 2014 recommends non-certification of Norco 10-325 mg #120 with modification to #90 weaning purposes. A progress note dated September 23, 2014 identifies subjective complaints of pain in the lower back, both knees, bilateral ankle, and bilateral foot. The physical examination reveals tenderness in both knees, swelling of the left knee greater than the right, paralumbar tenderness from L2 thru S1 with lumbar spasm, bilateral sacroiliac tenderness, and bilateral trochanteric tenderness. The diagnoses include chronic lumbar pain with multilevel disc bulges, chronic right greater than left leg radicular symptoms, chronic bilateral sacroiliac tenderness, chronic bilateral trochanteric tenderness, chronic left knee pain status post left knee surgery, chronic bilateral ankle sprain, depression and anxiety. The treatment plan recommends a refill of Norco 10-325 mg 1 every 6 hours, continue with Celebrex 100 mg twice a day, continue with Lidoderm patches 1-3 per day, a prescription for Nexium, continue with Amitriptyline 25 mg 1 or 2 at night, proceed with acupuncture treatments, obtain lumbar support brace, obtain electrodes for tens unit for home use.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 10/325mg #120:** 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): 44, 47, 75-79, 120.

**Decision rationale:** Regarding the request for Norco 10/325mg #120, the MTUS California Pain Medical Treatment Guidelines state that Norco is an opiate pain medication. Due to high abuse potential, close follow-up is recommended with documentation of analgesic effect, objective functional improvement, side effects, and discussion regarding any aberrant use. Guidelines go on to recommend discontinuing opioids if there is no documentation of improved function and pain. Within the documentation available for review, there is no indication that the medication is improving the patient's function or pain (in terms of specific examples of functional improvement and percent reduction in pain or reduced NRS), no documentation regarding side effects, and no discussion regarding aberrant use. As such, there is no clear indication for ongoing use of the medication. In light of the above issues, the currently requested Norco 10/325mg #120 is not medically necessary.