

<b>Case Number:</b>	CM14-0190278		
<b>Date Assigned:</b>	11/21/2014	<b>Date of Injury:</b>	06/13/2013
<b>Decision Date:</b>	01/14/2015	<b>UR Denial Date:</b>	11/06/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/14/2014

### 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 Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in Texas. 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 patient is a 24 year old male who was injured on 6/13/2013. The diagnoses are low back, feet and ankle pain. The patient completed physical therapy and surgical treatment for the multiple bone fractures that was sustained on the 6/13/2013 injury. On 7/28/2014, [REDACTED] noted subjective complaint of low back and right ankle pain. There was tenderness on the right ankle with decreased range of motion. On 10/23/2014, [REDACTED] noted subjective complaint of flare of the chronic pain. The right ankle pain was rated at 1-2/10 while the low back pain was rated at 4-5/10 on a scale of 0 to 10. There was objective finding of tenderness over the lumbar spine with palpable muscle spasm over the lumbar and cervical spine. The 4/18/2014 urine drug screen (UDS) was consistent with Norco utilization. The medications are listed as Duexis and Norco for pain. The patient was scheduled to see [REDACTED] on 12/24/2014 for consultation. A Utilization Review determination was rendered on 11/6/2014 recommending non certification for Norco 10/325mg #100.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 10/325mg #100:** 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): 76-94. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter

**Decision rationale:** The California MTUS and the Official Disability Guidelines recommend that opioids can be utilized for short term treatment of exacerbation of severe musculoskeletal pain that did not respond to standard treatment with NSAIDs and physical therapy. The records indicate that the average pain score of 3/10 is not consistent with severe exacerbation of musculoskeletal pain. The subjective and objective finding is not consistent with severe chronic pain. An appointment with a specialist is pending. There is no documentation of a recently failed physical therapy treatment for the muscle spasm. The criteria for the use of Norco 10/325mg #100 were not met. Therefore, this request is not medically necessary.