

<b>Case Number:</b>	CM14-0192355		
<b>Date Assigned:</b>	11/26/2014	<b>Date of Injury:</b>	04/03/2011
<b>Decision Date:</b>	01/14/2015	<b>UR Denial Date:</b>	11/11/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/17/2014

### 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 male sustained a work related injury on 4/3/2011. The mechanism of injury was not described. The current diagnosis is low back pain. According to the progress report dated 10/30/2014, the injured worker stated with medications, he is able to bring his pain down to a mild to moderate level, which allows him to do light household tasks for about a half hour at a time. Per report, without medication, his back pain would be at a severe level. There were no aberrant behaviors or adverse effects and urine drug screen (UDS) was noted to be consistent. The physical examination was unchanged from previous visit (10/2/2014); however, the progress report from that date was not available for review. The injured worker appeared cachectic. Current medications are Norco 10/325mg twice daily. On this date, the treating physician prescribed Norco 10/325, which is now under review. The progress report indicated that there was and EMG done (August 2013), which showed no evidence of lumbosacral plexopathy/radiculopathy or peripheral neuropathy. The MRI showed multilevel degenerative disk disease with congenital spinal stenosis. There is varying degrees of central spinal canal and neuroforaminal stenosis most prominently at the L3-L4 and L4-L5 levels. When Norco was prescribed work status was described as no lifting, pushing or pulling greater than 10-15 pounds. No prolonged sitting or standing. No bending or stooping.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 10/325mg #60, DOS: 10/30/14: Overturned**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**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, California Pain Medical Treatment Guidelines note that it 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 indication that the medication is improving the patient's pain and function (pain is brought down from severe to mild-moderate and he is able to do light household tasks for about a half hour at a time). The provider also notes that there are no adverse effects or aberrant behaviors, and the patient's urine drug screens are consistent. The patient is utilizing 20 mg of Hydrocodone per day, which is within the recommended dosage per the CA MTUS. In light of the above, the currently requested Norco is medically necessary.