

<b>Case Number:</b>	CM14-0197401		
<b>Date Assigned:</b>	12/05/2014	<b>Date of Injury:</b>	04/24/2002
<b>Decision Date:</b>	01/20/2015	<b>UR Denial Date:</b>	11/19/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/24/2014

### 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 Georgia. 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 claimant is a 57-year-old presenting with a work-related injury on April 24, 2002. The claimant was diagnosed with lower extremity reflexes at the dystrophy as well as chronic pain due to trauma. On November 7, 2014 the claimant complained of moderate to severe back pain. The pain was noted to be fluctuating. The pain was exacerbated by activity and relieved by I, medication and TENS unit. Patient underwent a spinal cord stimulator trial. The patient's medications included Calcium, Niacin, Albuterol, Lexapro, Xanax 0.25 mg, Pepcid, Fluocinonide ) 0.1%, topical cream, Flexeril, Progesterone, Latuda, Norco, bupropion, Lopressor, Aspirin, Excedrin, Senokot, Nitroglycerin, Lunesta, Oxycodone, and Imipramine. The physical exam was significant for decreased mobility of the lumbar spine; positive tenderness; antalgic pain, pain with range of motion testing of the lumbar spine, shoulder, and left hip.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 10/325 mg, 360 count:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 79.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Medical Treatment Guidelines Opioids Page(s): 79.

**Decision rationale:** Norco 10/325mg, 360 counts is not medically necessary. Per MTUS Page 79 of MTUS guidelines states that weaning of opioids are recommended if (a) there are no overall improvement in function, unless there are extenuating circumstances (b) continuing pain with evidence of intolerable adverse effects (c) decrease in functioning (d) resolution of pain (e) if serious non-adherence is occurring (f) the patient requests discontinuing. The claimant's medical records did not document that there was an overall improvement in function or a return to work with previous opioid therapy. The claimant has long-term use with this medication and there was a lack of improved function with this opioid; therefore the requested medication is not medically necessary.