

<b>Case Number:</b>	CM14-0199887		
<b>Date Assigned:</b>	12/10/2014	<b>Date of Injury:</b>	03/31/1998
<b>Decision Date:</b>	01/26/2015	<b>UR Denial Date:</b>	11/11/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/01/2014

### 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 Family Practice and is licensed to practice in New Jersey. 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 injured worker is a 68 year old male who sustained a work related injury March 31, 1998. According to a primary treating physician's report, dated October 14, 2014, the injured worker visited for evaluation of lumbar spine pain. He stated he uses ice to try and manage pain but as a result of inactivity has gained weight and can only stay in bed for four hours due to pain. Physical examination reveals the injured worker is 5 feet 9 inches and weighs 259 pounds. The musculoskeletal examination reveals 60% flexion, 50% extension, 60% left lateral and 50% lateral movement of the lumbar spine. There is difficulty going from heels to toes due to a recent ankle injury and he is grossly neurologically intact. Diagnoses documented as; lumbar spine and degenerative disc disease, lumbar spine. Treatment plan included; continued back brace support, continue cane, TENS, and continue Soma, Norco, Naproxen and Vimovo. Work status is permanent partial disability and is retired. According to utilization review performed November 11, 2014, the request for Norco 10/325mg #144 has been modified to Norco 10/325mg #45 between 10/14/2014 and 01/06/2015. Citing MTUS Chronic Pain Medical Treatment Guidelines, continuation of Norco is indicated for weaning purposes only. The injured worker has been using Norco on a continuous, long-term basis without qualitative or quantitative improvement. The long term use of opioids is not supported by evidence base guidelines. Therefore, Norco 10/325mg #144 is non-certified with modification.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 10/325mg #144:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 78-79.

**Decision rationale:** The request is not medically necessary. The patient has been taking norco for lumbar pain. The chart does not provide any objective documentation of improvement in pain and function with the use of norco. There are no documented urine drug screens or drug contracts, or long-term goals for treatment. The 4 A's of ongoing monitoring were not adequately documented. Long-term use for chronic lumbar pain is not recommended, and because there is high abuse potential, the risks of norco outweigh the benefits. Therefore, the request is considered not medically necessary.