

<b>Case Number:</b>	CM14-0200308		
<b>Date Assigned:</b>	12/10/2014	<b>Date of Injury:</b>	09/20/2008
<b>Decision Date:</b>	01/29/2015	<b>UR Denial Date:</b>	11/19/2014
<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 Physical Medicine Rehab, 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 patient with a date of injury of September 20, 2008. A utilization review determination dated November 19, 2014 recommends modified certification of Norco for weaning purposes. A report dated May 21, 2014 states that "rest and medications provide subjective relief of his lower back symptoms." Current treatment includes Norco, gabapentin, and Flexeril. Physical examination findings revealed decreased sensation to light touch in the left leg. Diagnosis is status postoperative left L4-5 hemilaminotomy and foraminotomy on October 22, 2009. A progress report dated November 12, 2014 identifies subjective complaints of low back pain. Additionally, the note indicates that the patient takes Norco 3 per day. Physical examination findings revealed tenderness to palpation and limited range of motion in the low back with reduced motor strength. Diagnoses include degenerative disc disease in the lumbar spine and postlaminectomy syndrome. The treatment plan recommends Norco #90.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 10/325mg #90 with no refill:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 80. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain Chapter

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 44, 47, 75-79, 120 OF 127.

**Decision rationale:** Regarding the request for Norco (hydrocodone/acetaminophen), 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 (hydrocodone/acetaminophen) is not medically necessary.