

<b>Case Number:</b>	CM14-0211680		
<b>Date Assigned:</b>	12/24/2014	<b>Date of Injury:</b>	08/18/1981
<b>Decision Date:</b>	02/20/2015	<b>UR Denial Date:</b>	12/12/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/17/2014

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:  
 State(s) of Licensure: Arizona, California, Florida  
 Certification(s)/Specialty: Family Practice

### 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 injured worker is a 63-year-old male with a date of injury 08/18/1981. The mechanism of injury was a fall. His diagnoses included displacement of cervical intervertebral disc without myelopathy. His past treatments were noted to include physical therapy, activity modification, the use of a brace, and multiple injections. Diagnostic studies were not provided. His surgical history included lumbar laminectomy with granulation tissue in 1985, a lumbar spine decompression surgery in 2002, and a right hip surgery in 2013. On 12/04/2014, the injured worker presented for his medication refills. He reported persistent low back pain with right foot numbness, neck pain, and bilateral hand numbness. According to the patient, he has taken his medications as prescribed. The patient states he takes 2 tablets a day of the Norco, and the medication helps him to be functional and manages activities of daily living. The medications were controlling some, but not all of the pain symptoms. The patient did not report any side effects from the medication. Upon physical examination, the patient's gait in antalgic with a cane. He is able to sit for 15 minutes without any limitations or evidence of pain. His lumbar range of motion is decreased in flexion, extension, lateral rotation, and lateral bending. Motor strength is 4/5 and sensation is decreased to light touch in the L4 dermatome. The patient was educated on various medications, dosing, their side effects, and potential interactions. His current medications were noted to include Norco 10/325 mg 1 tablet twice a day as needed. The treatment plan is to continue the Norco. The request is for 60 tablets of Norco and the rationale is for pain control. There is no Request for Authorization form provided.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**60 tablets of Norco 10/325mg:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 78.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids On-Going Management Page(s): 78.

**Decision rationale:** The request for 60 tablets of Norco 10/325mg is not medically necessary. The injured worker presented for a refill of his medications. The California MTUS Guidelines recommend the use of opioids for ongoing management of chronic pain. The guidelines recommend the lowest possible dose should be prescribed to improve pain and function. The guidelines recommend ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects should be evident. There is a lack of evidence of objective assessment of the injured worker's pain level, functional status, evaluation of risk for aberrant drug abuse, and side effects. As submitted, the request failed to address the frequency of the medication. As such, the request for 60 tablets of Norco 10/325mg is not medically necessary.