

<b>Case Number:</b>	CM15-0140684		
<b>Date Assigned:</b>	07/30/2015	<b>Date of Injury:</b>	03/15/2010
<b>Decision Date:</b>	08/31/2015	<b>UR Denial Date:</b>	06/23/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/20/2015

### 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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

### 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 37 year old male, who sustained an industrial injury on 3-15-2010. The injured worker was diagnosed as having discogenic low back pain, cervical spondylosis, psychological diagnosis, internal medicine diagnosis, rule out rheumatological diagnosis, and urological diagnosis. Treatment to date has included diagnostics, physical therapy, mental health treatment, and medications. Currently, the injured worker complains of ongoing intermittent back pain, radiating to his legs, and weakness in his legs. He continued to have leg weakness with prolonged standing and utilized a cane but was out of his wheelchair and walking. He had difficulty sleeping due to pain. Exam of the lumbar spine noted tenderness about the lower lumbar paravertebral musculature and lower extremity strength was globally intact, but when tested against resistance, a fine tremor was noted. The treatment plan included consults with urology, internal medicine, rheumatology, and psychology. He was given a refill prescription for Norco (use noted for at least 6 months). His current and complete medication regimen was not noted. He previously signed an opiate contract and underwent urine toxicology. His work status was total temporary disability.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 5/325mg:** Upheld

**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 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 this 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) and no discussion regarding aberrant use. As such, there is no clear indication for ongoing use of the medication. Opioids should not be abruptly discontinued, but unfortunately, there is no provision to modify the current request to allow tapering. In light of the above issues, the currently requested Norco (hydrocodone/acetaminophen) is not medically necessary.