

<b>Case Number:</b>	CM15-0145275		
<b>Date Assigned:</b>	08/06/2015	<b>Date of Injury:</b>	12/14/2009
<b>Decision Date:</b>	09/03/2015	<b>UR Denial Date:</b>	07/14/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/27/2015

### 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: Emergency Medicine

### 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 50-year-old male, who sustained an industrial injury on December 14, 2009. The injured worker was diagnosed as having lumbar degenerative disc disease (DDD) and status-post lumbar fusion. Treatment to date has included multiple lumbar surgeries, therapy and medication. A progress note dated June 25, 2015 provides the injured worker complains of back pain radiating to the left leg with numbness. He ambulates with a cane and antalgic gait. Physical exam notes decreased range of motion (ROM), positive left straight leg raise and equal lower extremity strength. The plan includes Norco, Gabapentin, Flexeril and resignation as pain management specialist.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 10/325mg #120 with 2 refill:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 78-94.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 76-79.

**Decision rationale:** Norco is acetaminophen and hydrocodone, an opioid. Patient has chronically been on an opioid pain medication. As per MTUS Chronic pain guidelines, documentation requires appropriate documentation of analgesia, activity of daily living, adverse events and aberrant behavior. Documentation fails criteria. Provider has failed to document a single necessary component. There is no pain assessment. There is no functional assessment. There is no documentation of screening for side effect or abuse. There is no provided urine drug screen or documentation of a pain contract. Refills of Norco, a schedule 2 medication, is not allowed under federal DEA rules. This request fails all criteria for approval. Norco with refills is not medically necessary.