

<b>Case Number:</b>	CM15-0167835		
<b>Date Assigned:</b>	09/08/2015	<b>Date of Injury:</b>	11/30/1990
<b>Decision Date:</b>	10/20/2015	<b>UR Denial Date:</b>	08/01/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/26/2015

### 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 65 year old female, who sustained an industrial injury on November 30, 1990. The initial symptoms reported by the injured worker are unknown. The injured worker was currently diagnosed as having cervicalgia, status post lumbar surgery in 2002, L4-5 adjacent segment degeneration, L4-5 stenosis, right leg radiculopathy, chronic intractable pain, status post L4-5 TLIF and PSIF and status post right knee surgery. Treatment to date has included diagnostic studies, surgery and medication. On June 29, 2015, the injured worker complained of lower back pain rated as a 10 on a 1-10 pain scale without medications and as a 7 on the pain scale with medications. She complained of right knee pain rated as a 3 on the pain scale without medications and a 1 with medications. The injured worker also reported neck pain with radiation into the left upper extremity rated as a 10 on the pain scale without medications and as a 7 with medications. Her current medication regimen included Ambien, Soma and Norco. The treatment plan included CT scan of the lumbar spine without contrast, medication and a follow-up visit. On August 1, 2015, utilization review denied a request for Norco 10-325mg #90.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco mg #90:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use, Opioids for chronic pain.

**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 only noted decrease in VAS pain but has not documented any other improvement in functional status or other objective measures of pain. Provider has failed to document appropriate monitoring of side effects or risk of abuse. Documentation fails to support prescription for norco. The request is not medically necessary.