

<b>Case Number:</b>	CM15-0184421		
<b>Date Assigned:</b>	09/24/2015	<b>Date of Injury:</b>	12/12/2013
<b>Decision Date:</b>	11/03/2015	<b>UR Denial Date:</b>	08/21/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/18/2015

### 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: Maryland

Certification(s)/Specialty: Internal Medicine, Rheumatology

### 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 66 year old female, who sustained an industrial injury on 12-12-2013. The injured worker was diagnosed as having radiculitis-neuritis, thoracic or lumbar, painful hip joint, pain in wrist joint and low back pain. Treatment to date has included diagnostics, physical therapy, transcutaneous electrical nerve stimulation unit, lumbar epidural steroid injection on 6-02-2015, and medications. Several documents within the submitted medical records were handwritten and difficult to decipher. Currently (8-10-2015), the injured worker complains of pain level 8 out of 10 (rated 7-10 out of 10 on 2-12-2015 and 6-7 out of 10 on 3-19-2015, noting Norco 10-325mg #90). Objective findings noted positive FABERE bilaterally and tenderness to palpation to the bilateral hips. Current medications included Gabapentin and Norco. Work status remained modified and a progress report dated 6-18-2015 noted that she was retired. It was documented that a lumbar epidural steroid injection was planned in 9-2014. Her current function with activities of daily living was not described and urine toxicology reports were not noted. The use of Norco could be determined since at least 2-2015. The treatment plan included Norco 10-325mg #120, modified to Norco 10-325mg #60 on 8-21-2015 by Utilization Review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 10mg #120:** 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.

**Decision rationale:** This 66 year old female has complained of low back pain, hip pain and wrist pain since date of injury 12/12/2013. She has been treated with TENS, epidural steroid injection, physical therapy and medications to include opioids since at least 02/2015. The current request is for Norco. No treating physician reports adequately assess the patient with respect to function, specific benefit, return to work, signs of abuse or treatment alternatives other than opioids. There is no evidence that the treating physician is prescribing opioids according to the MTUS section cited above which recommends prescribing according to function, with specific functional goals, return to work, random drug testing, opioid contract and documentation of failure of prior non-opioid therapy. On the basis of this lack of documentation and failure to adhere to the MTUS guidelines, Norco is not indicated as medically necessary.