

<b>Case Number:</b>	CM15-0188807		
<b>Date Assigned:</b>	09/30/2015	<b>Date of Injury:</b>	08/01/2008
<b>Decision Date:</b>	11/13/2015	<b>UR Denial Date:</b>	09/15/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/25/2015

### 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 61 year old male with a date of injury on 08-01-2008. The injured worker is undergoing treatment for chronic low back pain. Physician progress notes dated 08-04-2015 and 09-04-2015 documents the injured worker complains of continued low back pain that is activity related. He has pain if he bends over or twists, and has pain if he gets up and out of a chair or in and out of his car. On examination he can only flex forward 30 degrees. Both notes documents he has been off Hydrocodone for 2 months now. He is still symptomatic. His medications include Lisinopril, Atorvastatin, Hydrochlorothiazide, Glimepiride, Allopurinol, ASA, Metformin, and Omeprazole. The note dated 08-04-2015 was requesting Celebrex and laboratory studies prior to starting the Celebrex. He is retired. Treatment to date has included diagnostic studies, medications, epidural injections, status post L5 laminectomy, partial laminectomy S1, posterolateral spinal fusion at L5-S1, and instrumentation and bone stimulator on 08-17-2010. The Request for Authorization includes Norco 5-325mg #30, and a consult and treatment with a Pain Management Specialist. On 09-15-2015 Utilization Review non-certified the request for Norco 5/325mg #30.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 5/325mg #30:** 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 was chronically 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 for initiating or continuing opioids. Patient has been off Norco for 2months and is reportedly on tramadol. Prior records showed no improvement in pain or functional status with Norco. It is unclear why this provider restarted Norco when patient's functional status is unchanged after Norco was discontinued. Provider has failed to document baseline pain, short/long term plan and multiple other criteria required to initiate opioids. Documentation fails to support Norco. The request is not medically necessary.