

<b>Case Number:</b>	CM15-0195771		
<b>Date Assigned:</b>	10/09/2015	<b>Date of Injury:</b>	08/09/2010
<b>Decision Date:</b>	11/19/2015	<b>UR Denial Date:</b>	09/16/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/05/2015

### 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: New Jersey, New York  
 Certification(s)/Specialty: Family Practice

### 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 35 year old, male who sustained a work related injury on 8-9-10. A review of the medical records shows he is being treated for right shoulder and low back pain. Treatments have included medications. Current medications include Fexmid, Lunesta, Nalfon, Paxil, Prilosec, Ultram ER and Norco. He has been taking Norco since about 2-2015. There is no specific documentation on how effective the Norco is in relieving his pain or in improving his functional capabilities. A urine drug test dated 9-30-15 is positive for Hydrocodone. In the progress notes, he reports continuing right shoulder pain. He reports low back pain over both sacroiliac joints. He reports the low back pain radiates down both legs and is associated with numbness and tingling. He states what his pain levels are before and after taking all of his other medications. Norco is not listed for the pain levels. He states the "medications are helpful in alleviating his pain." In the objective findings dated 8-29-15, he has tenderness over the right acromioclavicular joint. Neer's, Hawkins' and O'Brien's tests are all positive. He has tenderness to palpation over the lumbar paraspinal muscles. He has tenderness to palpation in both sacroiliac joints. FABERE and Patrick's tests are positive. Supine straight leg raising test is positive at 20 degrees with both legs. He is not working. The treatment plan includes refills of medications, for a urine toxicology test, a repeat request for a psychiatric consultation and a repeat request for lumbar epidural steroid injections. The Request for Authorization has requests for Lunesta, Fexmid, Nalfon, Prilosec, Ultram ER and Norco. In the Utilization Review dated 9-16-15, the requested treatment of Norco 10-325mg. 1 tablet by mouth every 4 hours as needed #120 is not medically necessary.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco (hydrocodone bitartrate-acetaminophen) 10/325mg, 1 tablet by mouth every 4 hours as needed, #120 to assist in reducing and aiding in resolving the patient's signs and symptoms:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use, Opioids, specific drug list.

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

**Decision rationale:** The request for Norco is not medically necessary. The patient has been on Norco since 2/2015 without objective documentation of the improvement in pain. There is no documentation of what his pain was like previously and how much Norco decreased his pain. There was no objective documentation of improvement in function. There is no documentation of all the four A's of ongoing monitoring: pain relief, side effects, physical and psychosocial functioning. There were urine drug screens in the chart but no drug contract documented. Therefore, the request for Norco is considered not medically necessary.