

<b>Case Number:</b>	CM15-0200448		
<b>Date Assigned:</b>	10/15/2015	<b>Date of Injury:</b>	04/03/2003
<b>Decision Date:</b>	12/01/2015	<b>UR Denial Date:</b>	09/28/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/13/2015

### 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:

This 63-year-old male sustained an industrial injury on 4-3-03. Documentation indicated that the injured worker was receiving treatment for chronic low back pain with radiculopathy, chronic mid back pain, cervical spine degenerative disc disease and sacroiliac joint injury. Previous treatment included right knee total arthroscopy and revision, radiofrequency ablation lumbar spine and cervical spine, physical therapy and medications. In PR-2's dated 3-20-15, 4-16-15, 5-20-15, 7-21-15 and 8-18-15, the injured worker complained of pain rated 3 to 4 out of 10 on the visual analog scale. In a PR-2 dated 9-21-15, the injured worker complained of ongoing pain to the lumbar spine, cervical spine and right knee, rated 3 to 4 out of 10 on the visual analog scale, associated with bilateral hand numbness. The injured worker noted substantial benefit of medications. Physical exam was remarkable for cervical spine with tenderness to palpation over cervical facets with positive left Spurling's and positive bilateral maximal foraminal compression testing, right knee range of motion: flexion contracture 15 degrees and flexion to 85 degrees. The physician noted that urine drug screen on 4-16-15 was within normal limits. The injured worker had been prescribed Norco since at least 3-20-15. The treatment plan included continuing medications (Dexilant, Naproxen Sodium and Norco). On 9-28-15, Utilization Review noncertified a request for Norco 10-325mg #240.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 10/325 mg tabs Qty 240: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids (Classification). Decision based on Non-MTUS Citation Official Disability Guidelines: Pain (Chronic) - Opioids.

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

**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 has appropriate information concerning screening for abuse and adverse events. However, documentation lacks any objective assessment of benefit in terms of pain and functional status. Patient has baseline pain of 3-4/10. It is unclear if this is with or without medications. While there is documentation of attempted weaning, there is no documentation of what was attempted and when it was attempted. There is also a lack of any benefit from a functional status perspective with vague claims of benefit. It is also unclear why patient is on a short acting opioid if patient is on steady stable opioid therapy. Documentation and plan does not meet MTUS guidelines. Not medically necessary.