

<b>Case Number:</b>	CM15-0037800		
<b>Date Assigned:</b>	03/06/2015	<b>Date of Injury:</b>	05/22/2009
<b>Decision Date:</b>	04/16/2015	<b>UR Denial Date:</b>	01/23/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/27/2015

### 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: Physical Medicine & Rehabilitation

### 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 45-year-old male, who sustained an industrial injury on May 22, 2009. His diagnoses include lumbar degenerative disc disease with radiculopathy and facet syndrome. He has been treated with MRI, home exercise program, ice, and medications including oral and topical pain, muscle relaxant, and oral and topical non-steroidal anti-inflammatory. On June 19, 2014 and September 3, 2014, a urine drug screens were performed. On January 19, 2015, his treating physician reports the injured worker complains of pain in the lower back. He tolerates his medications well without side effects. His medications help 50%. His current pain level was 7/10. The physical exam revealed moderately decreased lumbar range of motion, pain at the extremes of range of motion, and positive tenderness over the facets. The treatment plan includes a trial of a topical anti-inflammatory gel, a request for a urine drug screen, and the continuing of his current medications.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 10/325mg #240:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines  
CRITERIA FOR USE OF OPIOIDS Hydrocodone Page(s): 76-78, 88-89, 90.

**Decision rationale:** The 1/23/15 Utilization Review letter states the Norco 10/325mg, #240 requested on the 1/19/15 medical report was denied because apparently because the report was not clearly legible, and because generic medications are available. According to the 1/19/15 pain management report, the patient presents with 7/10 pain in the back, ankles, knees, both wrists and both shoulders. Lower back motion is 45 degrees flexion and 0 degrees extension. The diagnoses includes lumbar facet syndrome. The report does not mention use of Norco, it is in check-box format and states "meds help 50%" and the plan is checked "refill medications". There is no reporting of functional improvement. The request provided for IMR is for Norco 10/325mg, #240 for a 1-month supply. MTUS Chronic Pain Medical Treatment Guidelines, pg 90 Opioids, specific drug list for Hydrocodone/Acetaminophen, states: "Hydrocodone has a recommended maximum dose of 60mg/24 hours". The request for #240 tablets of Norco 10/325mg (hydrocodone/acetaminophen), per month averages 8 tablets/day or 80mg/24 hours. MTUS guidelines states the maximum recommended dose of hydrocodone is 60mg /24 hours. The request exceeds MTUS recommendations and therefore IS NOT medically necessary.