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| <b>Case Number:</b>   | CM15-0238178 |                              |            |
| <b>Date Assigned:</b> | 12/15/2015   | <b>Date of Injury:</b>       | 06/17/2014 |
| <b>Decision Date:</b> | 01/21/2016   | <b>UR Denial Date:</b>       | 11/23/2015 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 12/07/2015 |

### 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 35 year old female with an industrial injury dated 06-17-2014. A review of the medical records indicates that the injured worker is undergoing treatment for lumbar degenerative disc disease, sacroiliitis, lumbar radiculopathy, cervical radiculopathy and cervical degenerative disc disease. According to the progress note dated 07-10-2015, the injured worker reported low back, neck pain and shoulder pain. Pain level was 7-8 out of 10 on a visual analog scale (VAS). Current medications include Cyclobenzaprine, Celebrex, and Norco (since at least July of 2015). Objective findings (07-10-2015) revealed spasms, stiffness, and tenderness in the lumbar spine and cervical spine. According to the progress note dated 10-28-2015, the injured worker reported persistent neck and low back pain. Low back pain level was 4 out of 10 on a visual analog scale (VAS). Objective findings (10-28-2015) revealed cervical and lumbar spasms with stiffness, tenderness in the bilateral cervical facet joints, and dysesthesia in the right C5 dermatome. Treatment has included prescribed medications, physical therapy and periodic follow up visits. There was no urine drug screen report was not included for review. The utilization review dated 11-23-2015, non-certified the request for Norco 5-325mg PO Q day prn, #15 for 30 day supply.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 5/325mg PO Q day prn, #15 for 30 day supply: 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:** 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 fails all criteria. Not a single necessary criteria is met. There is no documentation of objective improvement in pain or function. While prescription is for intermittent use, there is no documentation by provider how often norco is being taken and any benefit from its use. There is no assessment for abuse, review of PDMP CURES or any pain contract. The request is not medically necessary.