

<b>Case Number:</b>	CM14-0114942		
<b>Date Assigned:</b>	08/04/2014	<b>Date of Injury:</b>	11/25/2005
<b>Decision Date:</b>	09/30/2014	<b>UR Denial Date:</b>	06/23/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/23/2014

### 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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation, and is licensed to practice in Nevada. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 records, presented for review, indicate that this 52-year-old individual was reportedly injured on 11/25/2005. The mechanism of injury was noted as a lifting injury. The most recent progress note, dated 7/2/2014, indicated that there were ongoing complaints of neck pain that radiated into the left upper extremity. The physical examination demonstrated the patient ambulated with a single-point cane as well as having a left ankle/foot orthosis. Lumbar spine had a well-healed incision and positive tenderness to palpation along the posterior lumbar musculature bilaterally with increased muscle tone, left more than right. Muscle strength was 4/5 in the right lower extremity. Reflexes were 2/4 in the right lower extremity. Straight leg raise was positive on the left at about 30° and on the right at about 60°. There was also decreased sensation bilaterally in the L5-S1 distribution. Cervical spine revealed tenderness in the posterior cervical musculature and trapezius muscle. There was also mild decreased range of motion with pain and decreased sensation along the posterior lateral forearm on the left as well as the palm on the left. Decreased grip strength was noted on the left compared to the contralateral side. Mild muscle atrophy noted of the left triceps. No recent diagnostic studies are available for review. Previous treatment included lumbar surgery, epidural steroid injections, medications, and conservative treatment. A request had been made for Norco 10/325 mg #300 and was not certified in the pre-authorization process on 6/23/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 10/325mg 8-10 tablets q day #300:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47-49, Chronic Pain Treatment Guidelines Opioids Page(s): 80, 78-80. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain Chapter: NSAIDs, Hepatotoxicity.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-78, 88, 91 of 127.

**Decision rationale:** Norco (hydrocodone/acetaminophen) is a short acting opiate indicated for the management of moderate to severe breakthrough pain. The California MTUS guidelines support short-acting opiates at the lowest possible dose to improve pain and function, as well as the ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. The injured employee has chronic pain; however, there is no objective clinical documentation of improvement in the pain or function with the current regimen. As such, this request for Norco is not medically necessary.