

<b>Case Number:</b>	CM14-0118199		
<b>Date Assigned:</b>	08/06/2014	<b>Date of Injury:</b>	09/07/2013
<b>Decision Date:</b>	10/07/2014	<b>UR Denial Date:</b>	06/19/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/25/2014

### 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 injured worker is a 43-year-old male who was reportedly injured on September 7, 2013. The mechanism of injury was noted as a lifting event. The most recent progress note dated July 8, 2014, indicated that there were ongoing complaints of low back pain with bilateral lower extremity involvement. The physical examination demonstrated a 6'1", 365 pound individual who was normotensive (121/84). The gait pattern was described as antalgic and slow. There was tenderness to palpation of the lower lumbar region. A decrease of lumbar spine range of motion was noted, and there was some decreased sensation in the L5-S1 dermatome in the left lower extremity. Diagnostic imaging studies objectified multiple ordinary diseases of life degenerative changes. Previous treatment included multiple medications, physical therapy, epidural steroid injections and other pain management interventions. A request was made for Norco and was not certified in the pre-authorization process on June 20, 2014. A supply had been endorsed to begin a weaning protocol.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 10mg, #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-95.

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

**Decision rationale:** Norco is indicated for the management controlling literature pain. When noting the date of injury, the injury sustained, and the current clinical situation, there is no clear indication that this medication is demonstrating any efficacy or utility. There is no increase in functionality, decrease in pain or any other parameter where this medication has objectively been noted to ameliorate the symptomatology. As such, based on the records presented for review, there is insufficient clinical evidence to support the continued use of this medication. The request for Norco 10 # 60 to allow for weaning is not medically necessary.