

<b>Case Number:</b>	CM14-0127701		
<b>Date Assigned:</b>	08/15/2014	<b>Date of Injury:</b>	05/21/2001
<b>Decision Date:</b>	10/16/2014	<b>UR Denial Date:</b>	07/17/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/12/2014

### 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, has a subspecialty in Pain Medicine, and is licensed to practice in California. 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 57 year-old male was reportedly injured on May 21, 2001. The most recent progress note, dated July 11, 2014, indicates that there were ongoing complaints of bilateral low back pain rated 5-7/10 with right lower extremity weakness. The physical examination demonstrated decreased sensation in the right hand, 1st three digits, a forward flexed body posture, trigger points over the lower paraspinal region with muscle spasm. Lumbar spine range of motion is normal. Diagnostic imaging studies in the medical record include an NCV/EMG of the bilateral hand/wrists. Previous treatment includes physical therapy, home exercises, pharmacotherapy, TENS unit, and activity modification. A request had been made for Norco 10/325 #60 with 1 refill and was not certified in the pre-authorization process on July 17, 2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 10/325mg #60 with 1 refill:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids for chronic pain, Weaning of Medications.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26; MTUS (Effective July 18, 2009) Page(s): 74-78, 88, 91 of 127..

**Decision rationale:** Norco (hydrocodone/acetaminophen) is a short acting opiate indicated for the management in controlling moderate to severe pain. This medication is often used for intermittent or breakthrough pain. The California MTUS guidelines support short-acting opiates at the lowest possible dose that establishes improvement (decrease) and the pain complaints and increased functionality, as well as the ongoing review and documentation of objective evidence of pain relief, functional status, appropriate medication use and side effects. The claimant has chronic pain after a work-related injury in 2001, however, the medical record includes no objective clinical documentation of improvement in pain or function with the current regimen. As such, this request for Norco is not considered medically necessary.