

<b>Case Number:</b>	CM14-0162493		
<b>Date Assigned:</b>	10/07/2014	<b>Date of Injury:</b>	06/10/2012
<b>Decision Date:</b>	10/31/2014	<b>UR Denial Date:</b>	09/02/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/02/2014

### 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 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 injured worker is a 26-year-old male who reported an injury on 06/10/2012. The mechanism of injury was a fall. The diagnoses included lumbosacral or thoracic neuritis or radiculitis, lumbar sprain/strain, myofascial pain, and chronic pain syndrome. The past treatments included transcutaneous electrical nerve stimulation and low back surgery for spina bifida after the injury. A lumbar MRI, dated 07/24/2014, revealed evidence of a laminectomy and pedicle screws at L5-S1, with a 4.9 mm malalignment of L5 on S1, a disc protrusion at T11-12, moderate deteriorative disc level changes at L2-3, and a normal appearing termination of the spinal cord. The progress note, dated 08/20/2014, noted the injured worker complained of pain, rated 8/10. The physical exam was noted to be unchanged. The medications included Acetadryl and Percocet. The treatment plan requested cognitive behavioral therapy in conjunction with physical therapy, a pain management consult for possible lumbar epidural steroid injection or long term pain control, continuation of transcutaneous electrical nerve stimulation as needed, and provided prescriptions for Percocet 7.5/325 mg and Ambien 10 mg. The Request for Authorization form was not submitted for review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 10/325mg #40:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioid use for chronic pain; therapeutic trial of opioids.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids  
Page(s): 78-80.

**Decision rationale:** The request for Norco 10/325 mg #40 is not medically necessary. The injured worker had unspecified pain, rated 8/10. The California MTUS Guidelines recommend opioids as second line treatment of moderate to moderately severe pain and for long term management of chronic pain when pain and functional improvements are measured using a numerical scale or validated instrument. Adverse side effects and aberrant drug taking behaviors should also be assessed for ongoing management of opioids. There is a lack of documentation of the quality or location of pain. There is no documentation of failure of first line medications. There is no documentation of the assessment of side effects or aberrant drug taking behaviors. The injured worker had been prescribed Percocet since as early as 06/26/2014, when his hydrocodone was stopped. There is no indication as to why the hydrocodone was stopped. There is no indication the injured worker is currently using Norco for pain management, and there is no documentation of the intention to add Norco to the medication regimen. Additionally, the request does not indicate the frequency at which the medication is prescribed in order to establish medical necessity. Given the above, the use of Norco is not indicated or supported at this time. Therefore, the request is not medically necessary.