

<b>Case Number:</b>	CM14-0185003		
<b>Date Assigned:</b>	11/12/2014	<b>Date of Injury:</b>	03/16/2003
<b>Decision Date:</b>	12/19/2014	<b>UR Denial Date:</b>	10/08/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/06/2014

### 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 Orthopedic Spine Surgery and is licensed to practice in Texas. 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 48-year-old male who reported an injury on 03/16/2003. The mechanism of injury was not provided. He was diagnosed with failed back syndrome, status post lumbar surgery times 2, and status post right shoulder surgery with ongoing pain. His past treatments were noted to include injections and medications. On 07/08/2014, the injured worker reported low back pain radiating to his bilateral lower extremities, left greater than right. No pain scale was provided, though he did indicate he had greater than 60% improvement in his pain symptoms with his medications. Upon physical examination of his lower back, he was noted to have bilateral tenderness. His current medications were not provided. The treatment plan included a followup appointment with his neurologist, recommended bilateral nerve root block, refill medications, and stretching exercises. On 08/05/2014, the injured worker had a urine drug screening which revealed he was compliant with his medications. A request was submitted for Norco 10/325 mg, 120 count. However, the rationale was not provided for the request. A Request for Authorization was not submitted.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 10/325 mg, 120 count:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for use Page(s): 78.

**Decision rationale:** The request for Norco 10/325 mg, 120 count is not medically necessary. The California MTUS Guidelines state that ongoing management of opioid use should include ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. The guidelines specify that an adequate pain assessment should include the current pain level, the least reported pain over the period since the last assessment, average pain, intensity of pain after taking the opioid, how long it takes for pain relief, and how long pain relief lasts. The patient was noted to be on Norco since at least 04/2014. On 07/08/2014, the patient indicated that he had greater than 60% improvement in his pain symptoms with his current medications. The documentation submitted for review does indicate that the use of Norco has helped him significantly with pain relief. However, it does not clearly indicate if the use of medication was increasing his ability to perform activities of daily living. There was documentation showing consistent urine drug screening, verifying appropriate use of medication. Additionally, the request as submitted does not specify frequency of use. Given the above information, the request is not supported by the guidelines. As such, the request is not medically necessary.