

<b>Case Number:</b>	CM14-0099662		
<b>Date Assigned:</b>	07/30/2014	<b>Date of Injury:</b>	04/21/2010
<b>Decision Date:</b>	10/01/2014	<b>UR Denial Date:</b>	06/17/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/27/2014

### 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 53-year-old male was reportedly injured on April 21, 2010. The mechanism of injury was noted as a trip and fall type event. The most recent progress note, dated April 25, 2014, indicated that there were ongoing complaints of neck, low back, bilateral wrist pains. The physical examination demonstrated a decreased range of motion and postoperative changes. Diagnostic imaging studies were not presented for review. Previous treatment included multiple lumbar surgical interventions, physical therapy, multiple medications and other pain management interventions. A request had been made for Norco and was not certified in the pre-authorization process on June 17, 2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 5/325mg #30:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids.

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

**Decision rationale:** When noting the reported date of injury, the mechanism of injury, the treatment rendered and the current physical examination there is insufficient clinical data

presented to support the continued use of this medication. Furthermore, as outlined in the MTUS, the parameters for continued narcotic opioid use, to include the "4 A's," are not addressed. While noting that a lumbar surgery was completed in March 2014, and there were complaints of pain in the left upper extremity, bilateral lower extremities and right hip, there is no objective data presenting the etiology for such complaints. Therefore, based on this incomplete clinical information, there is insufficient data to support the medical necessity of the ongoing use of this medication.