

<b>Case Number:</b>	CM14-0216329		
<b>Date Assigned:</b>	01/06/2015	<b>Date of Injury:</b>	03/06/2014
<b>Decision Date:</b>	02/28/2015	<b>UR Denial Date:</b>	12/11/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/24/2014

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:  
 State(s) of Licensure: Texas, California  
 Certification(s)/Specialty: Family Practice

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This 24 year old male sustained work related industrial injuries on March 6, 2014. The mechanism of injury involved attempting to lift a large boulder. The injured worker subsequently complained of low back pain and abdomen pain radiating to right testis and right leg. The injured worker was diagnosed and treated for lumbosacral neuritis nos, umbilical hernia and abdominal site not otherwise specified. Treatment consisted of laboratory studies, urine drug screens, radiographic imaging, prescribed medications, bracing, TENS unit, physical therapy, chiropractic therapy, acupuncture therapy, consultations, hernia repair on April 1, 2014 and periodic follow up visits. X-ray of right femur on October 16, 2014 revealed mild contour deformity, at the superior lateral femoral head/neck junction. According to treating provider report dated November 28, 2014, physical exam revealed normal gait. Lumbar spine exam revealed restricted range of motion with flexion limited to 40 degrees by pain and extension limited to 10 degrees by pain. Bilateral paravertebral muscles tenderness was noted during palpation. Spinous tenderness was noted at L1-L5 and tenderness over the sacroiliac spine. Straight leg test was positive bilaterally at 90 degrees in sitting position. Right Knee exam revealed quadriceps atrophy. Neurological exam was unremarkable. Per treating provider report dated December 11, 2014, provider noted a decrease an injured worker pain levels from 9/10 to 5/10 with Norco 5/325mg. The injured worker reported the ability to drive, walk and stand for longer periods with the use of medication. As of December 11, 2014, the injured worker remains temporarily totally disabled.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 5/325mg #23:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Weaning of medications.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use: Criteria for use of opioids, Therapeutic Trial of Opioids Page(s): 76.

**Decision rationale:** Norco contains Hydrocodone with APAP which is an opioid analgesic in combination with acetaminophen. According to CA MTUS guidelines cited below, "A therapeutic trial of opioids should not be employed until the patient has failed a trial of non-opioid analgesics. Before initiating therapy, the patient should set goals, and the continued use of opioids should be contingent on meeting these goals." The records provided do not specify that patient has set goals regarding the use of opioid analgesic. A treatment failure with non-opioid analgesics is not specified in the records provided. Other criteria for ongoing management of opioids are: "The lowest possible dose should be prescribed to improve pain and function. Continuing review of the overall situation with regard to nonopioid means of pain control. Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Consider the use of a urine drug screen to assess for the use or the presence of illegal drugs." The records provided do not provide a documentation of response in regards to pain control and functional improvement to opioid analgesic for this patient. The continued review of overall situation with regard to nonopioid means of pain control is not documented in the records provided. As recommended by MTUS a documentation of pain relief, functional status, appropriate medication use, and side effects should be maintained for ongoing management of opioid analgesic, these are not specified in the records provided. MTUS guidelines also recommend urine drug screen to assess for the use or the presence of illegal drugs in patients using opioids for long term. Whether improvement in pain translated into objective functional improvement including ability to work is not specified in the records provided with this, it is deemed that, this patient does not meet criteria for ongoing continued use of opioids analgesic. The medical necessity of Norco 5/325mg #23 is not established for this patient.