

<b>Case Number:</b>	CM14-0218093		
<b>Date Assigned:</b>	01/07/2015	<b>Date of Injury:</b>	06/16/2011
<b>Decision Date:</b>	03/09/2015	<b>UR Denial Date:</b>	12/08/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/30/2014

### 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: California  
 Certification(s)/Specialty: Internal Medicine

### 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 is a 37 year old male who was injured when an object hit him on the head and he was thrown to the ground injuring his left knee as well as his neck and lower back. The date of injury was June 16, 2011. Diagnoses included degeneration of lumbar disc and post laminectomy syndrome lumbar region. He was hospitalized from 06/02/2014 to 06/05/2014 during which he underwent an anterior-posterior vertebrectomy, L5-S1 decompression with instrumentation and bilateral iliac fixation. On September 15, 2014, physical examination revealed multiple areas of tenderness over the cervical spine, lumbar spine, bilateral knees and bilateral shoulders. On October 28, 2014, the injured worker complained of ongoing pain in both shoulders, the lower back both knees and weekly headaches. Treatment modalities included medications, pool therapy and physical therapy. A request was made for Norco 10/325mg #120. On December 1, 2014, utilization review denied the request.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 10/325 by mouth as needed #120:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, On-going management Page(s): 78-79.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment, Chapter 8 Neck and Upper Back Complaints, Chapter 12 Low Back Complaints Page(s): 47-48, 181-183, 308-310, Chronic Pain Treatment Guidelines Opioids Page(s): 74-96.

**Decision rationale:** Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines address opioids. The lowest possible dose should be prescribed to improve pain and function. Frequent evaluation of clinical history and frequent review of medications are recommended. Periodic review of the ongoing chronic pain treatment plan for the injured worker is essential. Patients with pain who are managed with controlled substances should be seen regularly. American College of Occupational and Environmental Medicine (ACOEM) 2nd Edition (2004) Chapter 3 states that opioids appear to be no more effective than safer analgesics for managing most musculoskeletal symptoms. Opioids should be used only if needed for severe pain and only for a short time. ACOEM guidelines state that the long-term use of opioids is not recommended for neck and back conditions. Medical records document the long-term use of opioids. ACOEM guidelines indicate that the long-term use of opioids is not recommended for neck and back conditions. The latest progress report present in the submitted medical records was dated 10/28/14. The request for authorization for Norco 10/325 mg #120 was dated December 1, 2014. No progress reports from November 2014 or December 2014 were present in the submitted medical records. Without the corresponding progress reports, the 12/1/14 request for Norco is not supported. Norco is a schedule II Hydrocodone combination product. Per MTUS, the lowest possible dose of opioid should be prescribed, with frequent and regular review and re-evaluation. The 12/1/14 request for Norco 10/325 mg is not supported by MTUS and ACOEM guidelines. Therefore, the request for Norco 10/325 mg #120 is not medically necessary.