

<b>Case Number:</b>	CM14-0218168		
<b>Date Assigned:</b>	01/07/2015	<b>Date of Injury:</b>	04/05/2006
<b>Decision Date:</b>	03/05/2015	<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: New Jersey, New York  
 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 66 year old male sustained work related industrial injuries on April 5, 2006. The mechanism of injury was not described. The injured worker subsequently complained of low back pain and neck pain with radiation into the bilateral shoulders and buttocks. Treatment consisted of diagnostic studies, prescribed medications, home exercise therapy, modified activity, consultations and periodic follow up visits. Per treating provider report dated November 17, 2014, physical exam revealed cervical spine tenderness and lumbar spine tenderness with no spasms. There were bilateral negative straight leg raising with numbness over the lateral aspect of the right thigh and calf. The injured worker's diagnoses included cervical sprain-disc syndrome, lumbar sprain disc bulging, and lumbar radiculopathy. The provider noted that the pain medication helps alleviate the injured worker's pain and allows him to increase his level of function daily and improve his quality of life. As of November 17, 2014, the injured worker remains temporarily totally disabled. The treating physician prescribed Norco 5/325mg #100 now under review. On December 8, 2014, the Utilization Review (UR) evaluated the prescription for Norco 5/325mg #100 requested on December 1, 2014. Upon review of the clinical information, UR modified the request to Norco 5/325mg #58 between 11/17/2014 and 2/2/2015, noting the lack of significant functional improvement, lack of sufficient clinical documentation to support reversal of the weaning process, and the recommendations of the MTUS Guidelines. This UR decision was subsequently appealed to the Independent Medical Review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**1 Prescription of Norco 5/325mg #100: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78-79.

**Decision rationale:** The request for Norco is not medically necessary. The patient has been on opiates for unclear amount of time without objective documentation of the improvement in pain. There is no documentation of what his pain was like previously and how much Norco decreased his pain. There is no documentation of the four A's of ongoing monitoring: pain relief, side effects, physical and psychosocial functioning, and aberrant drug-related behaviors. There are no urine drug screens or drug contract documented. There are no clear plans for future weaning, or goal of care. Because of these reasons, the request for Norco is considered not medically necessary.