

<b>Case Number:</b>	CM15-0010896		
<b>Date Assigned:</b>	01/28/2015	<b>Date of Injury:</b>	03/07/2002
<b>Decision Date:</b>	03/18/2015	<b>UR Denial Date:</b>	01/12/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/20/2015

### 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:

The injured worker is a 52 year old male who sustained an industrial injury on 3/7/02. The injured worker reported symptoms in the back, right upper extremity and lower extremities. The diagnoses included disc dessication L4-5, right trochanteric bursitis, and chip fracture right cubital tunnel. Treatments to date have included status post dorsal column stimulator placement on 5/19/14, oral pain medications, status post right ulnar nerve release, spinal epidural injections, a progress note from the treating provider dated 12/17/14 indicates the injured worker was with "low back pain that improves with his medications". On 1/12/12 Utilization Review non-certified a request for Norco 10/325mg for a quantity of 120, the California Medical Treatment Utilization Schedule was cited.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 10/325mg #120:** Upheld

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

**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 extended amount of time with no objective documentation of improvement in functional capacity. There is no documentation of two of the four A's of ongoing monitoring: physical and psychosocial functioning, and aberrant drug-related behaviors. There are no urine drug screens or drug contract documented. The patient did suffer from sexual dysfunction as a possible side effect. There are no clear plans for future weaning, or goal of care. Because of these reasons, the request for Norco is considered medically unnecessary.