

<b>Case Number:</b>	CM15-0112571		
<b>Date Assigned:</b>	06/19/2015	<b>Date of Injury:</b>	12/10/2008
<b>Decision Date:</b>	07/17/2015	<b>UR Denial Date:</b>	06/10/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/11/2015

### 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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

### 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 (n) 37 year old female, who sustained an industrial injury on 12/10/08. She reported pain in her lower back. The injured worker was diagnosed as having lower back pain and lumbar radiculopathy. Treatment to date has included a lumbar decompression surgery, a lumbar fusion on 3/9/13 and activity modification. On 3/17/15, the treating physician noted decreasing Norco 10/325mg to Norco 7.5/325mg and that the injured worker is working full-time. As of the PR2 dated 6/2/15, the injured worker reports lumbar pain radiating to her groin. Objective findings include lumbar flexion is 40 degrees and lateral is 20 degrees bilaterally. She also has a positive straight leg raise test bilaterally at 30 degrees. The treating physician requested Norco 7.5/325mg #120. A progress report dated December 11, 2014 states that Norco reduces the patient's pain from 7-8/10 to 2-3/10 and results in functional improvement allowing her to work. Her medication use has remained stable and she currently works 20-40 hours per week. A request for drug screening was made. A progress report dated April 21, 2015 indicates that they have worked on reducing the patient's analgesic medication successfully.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 7.5/325 mg Qty 120:** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines (Effective July 18, 2009) Page(s): 44, 47, 75-79, 120 of 127.

**Decision rationale:** Regarding the request for Norco, California Pain Medical Treatment Guidelines note that it is an opiate pain medication. Due to high abuse potential, close follow-up is recommended with documentation of analgesic effect, objective functional improvement, side effects, and discussion regarding any aberrant use. Guidelines go on to recommend discontinuing opioids if there is no documentation of improved function and pain. Within the documentation available for review, there is indication that the medication is improving the patient's function and pain with no intolerable side effects or aberrant use, and the patient is noted to undergo monitoring. In light of the above, the currently requested Norco is medically necessary.