

<b>Case Number:</b>	CM15-0127261		
<b>Date Assigned:</b>	07/13/2015	<b>Date of Injury:</b>	10/08/2007
<b>Decision Date:</b>	08/12/2015	<b>UR Denial Date:</b>	06/04/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/01/2015

### 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 64 year old male, who sustained an industrial injury on 10/8/2007. Diagnoses have included thoracic or lumbosacral neuritis or radiculitis unspecified, lumbar disc displacement without myelopathy and lumbar spondylosis without myelopathy. Treatment to date has included medication. According to the progress report dated 4/27/2015, the injured worker complained of lower back pain. He rated his pain without medications as 6/10 and with medications as 2-3/10. Exam of the lumbar spine revealed restricted range of motion. Magnetic resonance imaging (MRI) scan of the lumbar spine was reviewed, showing L4-L5 herniation with left lateral recess stenosis and neuroforaminal impingement. Authorization was requested for Norco.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 10/325mg #120 (Prescribed 4/27/15):** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines When to discontinue/continue Opioids.

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

**Decision rationale:** Regarding the request for Norco (hydrocodone/acetaminophen), California Pain Medical Treatment Guidelines state that this 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 without intolerable side effects or aberrant use. In light of the above, the currently requested Norco (hydrocodone/acetaminophen) is medically necessary.