

<b>Case Number:</b>	CM15-0174768		
<b>Date Assigned:</b>	09/16/2015	<b>Date of Injury:</b>	09/11/2008
<b>Decision Date:</b>	10/28/2015	<b>UR Denial Date:</b>	08/19/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/04/2015

### 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: Pennsylvania, Ohio, California  
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 59 year old male, who sustained an industrial injury on September 11, 2008, resulting in pain or injury to the lumbar spine. A review of the medical records indicates that the injured worker is undergoing treatment for neuralgia, neuritis, and radiculitis, other general symptoms, encounter for long term use of other medications, and thoracic or lumbosacral neuritis or radiculitis. On August 10, 2015, the injured worker reported his pain level a 7 out of 10 with his Norco, and 9 without the Norco, and he was not walking as much. The injured worker noted needing the half a Norco in the afternoon in order to allow him to sleep better at night. The Primary Treating Physician's report dated August 10, 2015, noted the injured worker was trying to walk more little by little, doing his home exercise program (HEP), and highly motivated. The injured worker was noted to be seeing a psychiatrist once a month, and was feeling his depression was under control. The injured worker's current medications were listed as Flexeril, Norco, and Viibryd. The physical examination was noted to be deferred. Prior treatments have included physical therapy, the [REDACTED] program noted to improve function, and medications. The treatment plan was noted to include a request for authorization for Norco, and continued home exercise program (HEP). The Physician noted the injured worker had "tried and failed other therapies such as NSAIDs and narcoleptics. No abhorrent behaviors noted with this patient no s-sx of abuse. He has titrated down from TID dosing to 1.5 pills a day needed to continue at his current functional level". The injured worker was noted to have been prescribed the Norco since at least 2010. The injured worker's work status was noted to be permanent and stationary (P&S)-maximum medical improvement (MMI). The request for authorization dated

August 10, 2015, requested Norco 10/325mg #45. The Utilization Review (UR) dated August 19, 2015, modified the request for Norco 10/325mg #45 to Norco 10/325mg #26, with the remaining 19 tablets non-certified.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Norco 10/325mg #45:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use.

**Decision rationale:** MTUS discusses in detail the 4 As of opioid management, emphasizing the importance of dose titration vs. functional improvement and documentation of objective, verifiable functional benefit to support an indication for ongoing opioid use. The records in this case do not meet these 4As of opioid management and do not provide a rationale or diagnosis overall, for which ongoing opioid use is supported. Therefore this request is not medically necessary.