

<b>Case Number:</b>	CM15-0174916		
<b>Date Assigned:</b>	09/16/2015	<b>Date of Injury:</b>	01/16/2014
<b>Decision Date:</b>	10/21/2015	<b>UR Denial Date:</b>	08/27/2015
<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: California

Certification(s)/Specialty: Emergency Medicine

### 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 28 year old male who sustained an industrial injury January 16, 2014. Diagnoses are lumbar spine radiculopathy; lumbar spine discogenic pain. According to a secondary treating physician's progress report dated July 13, 2015, the injured worker presented with intermittent lumbosacral pain, rated 4-5 out of 10, radiating down the left lower extremity. Some handwritten notes are difficult to decipher. He is status post lumbar epidural injection March, 2015. Objective findings included; tenderness to palpation of the lumbar spine with decreased range of motion; flexion 40 degrees and extension 15 degrees; positive straight leg raise left. Treatment plan included prescriptions for Norco and Tramadol, urine toxicology, repeat lumbar epidural injection and return to clinic. At issue, is the request for authorization for Norco 10-325mg #60. There are no reports of a urine drug screen present in the medical record. According to utilization, review dated August 27, 2015, the request for Norco 10-325mg #60 is 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 #60:** 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:** Norco is acetaminophen and hydrocodone, an opioid. Patient has chronically been on an opioid pain medication. As per MTUS Chronic pain guidelines, documentation requires appropriate documentation of analgesia, activity of daily living, adverse events and aberrant behavior. Documentation fails all criteria. Documentation is very poor. There is no documentation of any objective improvement in pain or function. While there is documentation that patient is working, there is no other details provided. There is information concerning any screening for abuse or side effects. Provider has failed to document plan for opioid therapy. Patient has been on same norco regiment for months with no noted plan for weaning. Documentation fails to support prescription for Norco. Norco is not medically necessary.