

<b>Case Number:</b>	CM15-0076004		
<b>Date Assigned:</b>	04/27/2015	<b>Date of Injury:</b>	01/08/2001
<b>Decision Date:</b>	05/22/2015	<b>UR Denial Date:</b>	04/09/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/21/2015

### 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 77 year old female, who sustained an industrial injury on 1/8/2001. Diagnoses have included lumbago. Treatment to date has included lumbar magnetic resonance imaging (MRI), lumbar laminectomy and medication. According to the progress report dated 2/26/2015, the injured worker complained of low back pain. She reported that her pain medication regimen brought her pain from 8/10 to 4/10. She had been more consistent in taking Norco, four tablets a day. The injured worker walked slowly with a cane. Authorization was requested for retro Norco dispensed 2/26/2015. A progress report dated December 2014 indicates that the patient's medications bring her pain levels down at least 50% and allow her to stay functional. There is no documentation of intolerable side effects. The progress report dated February 26, 2015 shows that the medication brings the patient's pain down from 8/10 to 4/10. A urine drug screen was consistent.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**RETRO Norco 10/325mg dispensed 2/26/15 Qty: 120.00:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids for chronic pain Page(s): 80.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS (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 side effects or aberrant use, and the patient is noted to undergo regular monitoring. In light of the above, the currently requested Norco is medically necessary.