

<b>Case Number:</b>	CM14-0135683		
<b>Date Assigned:</b>	08/29/2014	<b>Date of Injury:</b>	07/04/2013
<b>Decision Date:</b>	01/02/2015	<b>UR Denial Date:</b>	08/01/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/22/2014

### 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. The expert reviewer is Board Certified in Neurology, has a subspecialty in Neuromuscular Medicine and is licensed to practice in New Jersey. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This 59 year old male reportedly experienced a work related injury to his back due to being in a fork lift when it fell off the back of a truck on July 4, 2013. Diagnoses include compression fracture L2, herniation L5-S1 and diabetes. The injured worker was transported via ambulance to the emergency department (ED) via ambulance at the time of the accident. Computed tomography (CT) and x-ray in the emergency department revealed degenerative changes but no acute fracture. Magnetic resonance imaging (MRI) dated August 6, 2013 revealed compression fracture L2 and protrusion with tear L5-S1. Primary treating physician's orthopedic visit dated February 26, 2014 documents exacerbation of low back pain and occasionally uses a cane with ambulation. There was tenderness of the mid and low spine with limited lumbar spine motion. No neurologic deficit was noted. It was noted that the injured worker had reached the point of maximum medical improvement. Total combined orthopedic whole person impairment is 28%. Follow up visit dated June 18, 2014 noted continued complaints of low back pain and stiffness with occasional difficulty sleeping due to pain. The recommendation is for continued Norco 5/325mg, adding Lidocaine cream as needed especially at night and a lumbar support cushion. Follow up visit is for 3 months. On August 1, 2014 Utilization Review determined a request dated July 25, 2014 for Norco 5/325mg twice daily #60 with 2 refills to be non certified due to failure to document functional improvement, lack of compliance testing and lack of a weaning plan. Application for independent medical review is dated August 5, 2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 5/325mg 1 tab BID #60 with 2 refills:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of opioids Page(s): 76-79.

**Decision rationale:** According to MTUS guidelines, Norco (Hydrocodone/Acetaminophen) is a synthetic opioid indicated for the pain management but not recommended as a first line oral analgesic. In addition and according to MTUS guidelines, ongoing use of opioids should follow specific rules: (a) Prescriptions from a single practitioner taken as directed, and all prescriptions from a single pharmacy. (b) The lowest possible dose should be prescribed to improve pain and function. (c) Office: Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non adherent) drug-related behaviors. These domains have been summarized as the "4 A's" (analgesia, activities of daily living, adverse side effects, and aberrant drug taking behaviors). The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework. According to the patient file, he continued to have severe pain despite the use of Norco. There is no objective documentation of pain and functional improvement to justify continuous use of Norco in this patient. Therefore, the prescription of Norco 5/325mg #60 is not medically necessary.