

<b>Case Number:</b>	CM14-0055684		
<b>Date Assigned:</b>	06/16/2014	<b>Date of Injury:</b>	06/14/2006
<b>Decision Date:</b>	04/16/2015	<b>UR Denial Date:</b>	02/24/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/07/2014

### 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. 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: Massachusetts

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 47 year old male, who sustained an industrial injury on June 14, 2006. He reported low back and bilateral leg pain from lifting and carrying kegs of beer. The injured worker was diagnosed as having failed lumbar back surgery, lumbar/lumbosacral intervertebral degeneration, chronic pain, muscle spasms, and lumbosacral spondylosis without myelopathy. Treatment to date has included medications, lumbar magnetic resonance imaging, lumbar fusion, physical therapy, transcutaneous electrical nerve stimulation, heat/cold applications, and epidural steroid injection. On March 26, 2014, he complains of low back pain with radiation to the left lower extremity. The provider notes he is unable to complete a toe walk due to pain. Physical findings are revealed as lumbar tenderness, and decreased range of motion. The records indicate he has been utilizing Hydrocodone 10/325mg up to 6 tablets daily since at least October 2013.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**NORCO 10-325MG #180:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 91.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines (1) Opioids, criteria for use, p76-80 (2) Opioids, dosing, p86.

**Decision rationale:** The claimant has a history of a work injury occurring in June 2006. He continues to be treated for chronic radiating low back pain with diagnoses including failed back surgery syndrome. Medications include Nucynta and Norco at a total morphine equivalent dose of approximately 130 mg per day. The requesting provider documents symptom relief with medications and urine drug screening has been consistent with the medications being prescribed. Norco (hydrocodone/acetaminophen) is a short acting combination opioid often used for intermittent or breakthrough pain. In this case, it is being prescribed as part of the claimant's ongoing management. There are no identified issues of abuse, addiction, or poor pain control. There are no inconsistencies in the history, presentation, the claimant's behaviors, or by physical examination. The total MED is approximately 120 mg per day which is within guideline recommendations. Therefore, the continued prescribing of Norco was medically necessary.