

<b>Case Number:</b>	CM15-0100637		
<b>Date Assigned:</b>	06/03/2015	<b>Date of Injury:</b>	09/12/2012
<b>Decision Date:</b>	07/01/2015	<b>UR Denial Date:</b>	05/16/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/26/2015

### 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: 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 51 year old male, who sustained an industrial injury on September 12, 2012. The mechanism of injury was not provided. The injured worker has been treated for low back complaints. The diagnoses have included lumbosacral neuritis unspecified, myalgia and myositis, low back syndrome and lesion of sciatic nerve. Treatment to date has included medications, radiological studies, physical therapy, electric massage, a home exercise program and lumbar spine surgery. Current documentation dated May 6, 2015 notes that the injured worker reported neck pain radiating to the shoulder blades and upper back. The injured worker also noted low back pain, which radiated down both legs. The pain was rated a seven-eight out of ten on the visual analogue scale with medications. Examination of the lumbar spine revealed very tight paraspinal muscles and a mildly positive straight leg raise on the right. The piriformis muscles were also noted to be very tight on the right. The treating physician's plan of care included a request for the medication Norco tablets # 60.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco #60:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines (1) Opioids, criteria for use, p76-80 (2) Opioids, dosing, p86. Decision based on Non-MTUS Citation Farrar JT, Young JP, LaMoreaux L, Werth JL, Poole RM. Clinical importance of changes in chronic pain intensity measured on an 11-point numerical pain rating scale. Pain. 2001 Nov; 94 (2): 149-58.

**Decision rationale:** The claimant sustained a work-related injury in September 2012 and continues to be treated for neck and low back pain. Medications are referenced as decreasing pain from 8-9/10 to 7-8/10. When seen, there was no physical examination reported. He was having a flare-up of symptoms. The claimant is noted to be working. Medications include Norco at a total MED (morphine equivalent dose) of 20 mg per day. When prescribing controlled substances for pain, satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. 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 or addiction and medications are providing decreased pain of significance to the claimant and the claimant is working. The total MED (morphine equivalent dose) is less than 120 mg per day consistent with guideline recommendations. Therefore, the continued prescribing of Norco was medically necessary.