

<b>Case Number:</b>	CM15-0104273		
<b>Date Assigned:</b>	06/08/2015	<b>Date of Injury:</b>	02/01/2007
<b>Decision Date:</b>	07/15/2015	<b>UR Denial Date:</b>	05/14/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/01/2015

### 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: Preventive Medicine, Occupational 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 51 year old male, who sustained an industrial injury on 02/01/2007. The injured worker reported a pop in his back after lifting a towhead resulting in back pain. The diagnoses have included lumbar degenerative disc disease, lumbar radiculopathy and urinary incontinence. Recent electro-diagnostic study showed right L5 radiculopathy. Treatment to date has included surgical intervention, physical therapy, injections, and medication: Percocet, Soma, and Lyrica. The injured worker was noted to have lumbar surgery x 3. The patient has prescriptions for narcotics from at least two different providers. There is no documentation in the records available for review of monitoring for abuse with urine drug screens. On provider visit dated 04/08/2015 the injured worker has reported low back pain and right leg pain. Examination revealed no abnormal findings but the musculoskeletal exam was not documented. Prior musculoskeletal exams noted positive straight leg test bilaterally and lumbar pain on motion.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 10/325mg BID #60:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47-9, Chronic Pain Treatment Guidelines Medications for chronic pain, Opioids Page(s): 60-1, 74-96.

**Decision rationale:** Hydrocodone-Acetaminophen (Norco) is a mixed medication made up of the short acting, opioid, hydrocodone, and acetaminophen, better known as Tylenol. It is recommended for moderate to moderately severe pain with usual dosing of 5-10 mg hydrocodone per 325 mg of acetaminophen taken as 1-2 tablets every 4-6 hours. Maximum dose according to the MTUS is limited to 4 gm of acetaminophen per day, which is usually 60-120 mg/day of hydrocodone. According to the MTUS opioid therapy for control of chronic pain, while not considered first line therapy, is considered a viable alternative when other modalities have been tried and failed. Success of this therapy is noted when there is significant improvement in pain or function. The risk with this therapy is the development of addiction, overdose and death. The pain guidelines in the MTUS directly address this issue and have outlined criteria for monitoring patients to allow for safe use of chronic opioid therapy. There is no documentation in the records available for review that the present provider is appropriately monitoring this patient for the safe use of opioids. Additionally the patient has been given prescriptions for Norco by more than one provider, which is unsafe and goes against the patient contract for one provider prescribing opioid medications recommended by the MTUS. Continued use of opioids is not indicated at this time. Medical necessity for continued use of this medication has not been established. The request is not medically necessary.