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| <b>Case Number:</b>   | CM15-0107584 |                              |            |
| <b>Date Assigned:</b> | 06/15/2015   | <b>Date of Injury:</b>       | 10/16/2001 |
| <b>Decision Date:</b> | 07/16/2015   | <b>UR Denial Date:</b>       | 05/26/2015 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 06/04/2015 |

### 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, Hawaii

Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 10/16/2001. The current diagnoses are degenerative disc disease with disc protrusion and status post lumbar surgery (2002). According to the progress report dated 5/13/2015, the injured worker complains of low back pain with radiation to bilateral legs with associated paresthesia in his legs and feet. The pain is rated 5-10/10 on a subjective pain scale. His activities of daily living remain limited by the severity of the pain. The physical examination of the lumbar spine reveals tenderness over the sacroiliac joint and piriformis muscle, positive bilateral straight leg raise test, and restricted range of motion. The current medications are Flexeril, Ibuprofen, and Norco. Treatment to date has included medication management, home exercise program, spinal cord stimulator (non-functioning), and surgical intervention. The plan of care includes prescription for Norco.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco Hydrocodone Acetaminophen 10/325mg quantity 120:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, long-term assessment Page(s): 88-89.

**Decision rationale:** The patient presents with low back pain with radiation to the bilateral legs with associated paresthesia in the legs and feet. The current request is for Norco Hydrocodone Acetaminophen 10/325mg quantity 120. The treating physician states, in a report dated 05/13/15, "Pain in his legs radiating from his feet up to his neck continues to be treated with, Norco 10/325 mg" (19B). The MTUS guidelines state, "document pain and functional improvement and compare to baseline. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. Information from family members or other caregivers should be considered in determining the patient's response to treatment. Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS also requires documentation of the four A's (analgesia, ADL's, Adverse effects and Adverse behavior). In this case, other than a VAS Pain Table, such documentation is not provided. MTUS further discusses under "outcome measures," documentation of average pain level, time it takes for medication to work, duration of relief with medication, etc. are required. In this review, other than mention of ADL's being severely limited by the pain, none of these are provided. The documentation provided is inadequate to show medication efficacy and the treating physician has failed to meet the MTUS guidelines. The current request is not medically necessary.