

|                       |              |                              |            |
|-----------------------|--------------|------------------------------|------------|
| <b>Case Number:</b>   | CM15-0107803 |                              |            |
| <b>Date Assigned:</b> | 06/12/2015   | <b>Date of Injury:</b>       | 02/09/2010 |
| <b>Decision Date:</b> | 08/18/2015   | <b>UR Denial Date:</b>       | 05/06/2015 |
| <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: 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 54 year old male who sustained an industrial injury on February 9, 2010. He has reported low back and extremity pain and has been diagnosed with lumbar discogenic pain with radiation to the left posterior leg, chronic radicular low back pain, and lumbar facet syndrome. Treatment has included medications, medical imaging, injection, physical therapy, acupuncture, and TENS. He was tender in the paraspinal muscles and in the facet, more on the left. Range of motion was decreased to 50 degrees of forward flexion and 15 degrees of extension. He has more pain with flexion. His pain level was currently a 6-7 out of 10 without medications and goes down to 5 out of 10 with medications. The treatment request included Norco.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 10/325mg quantity 60:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines (1) Opioids, criteria for use, p76-80 (2) Opioids, dosing, p86 Page(s): 76-80, 86.

**Decision rationale:** The claimant sustained a work injury in February 2010 and continues to be treated for back pain radiating into the left buttock and posterior leg. Medications are referenced as decreasing pain from 6-7/10 to 5/10. Functional improvements include being able to perform self-care, exercise, and household activities. When seen, he was trying to avoid surgery. Physical examination findings included lumbar paraspinal and facet joint tenderness with decreased and painful range of motion. There was a mildly antalgic gait. Straight leg raising was positive on the left side and there was decreased left lower extremity sensation. Medications refilled including Norco which was being prescribed 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 and improved function. The total MED is less than 120 mg per day consistent with guideline recommendations. Continued prescribing is medically necessary.