

<b>Case Number:</b>	CM15-0131062		
<b>Date Assigned:</b>	07/17/2015	<b>Date of Injury:</b>	02/15/2011
<b>Decision Date:</b>	08/25/2015	<b>UR Denial Date:</b>	06/19/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/07/2015

### 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 68 year old male, who sustained an industrial injury on 2/15/11. The injured worker has complaints of low back pain and severe lower extremity pain with weakness and numbness in both lower extremities and having difficulty ambulating. Lumbar spine examination revealed diffuse myofascial tenderness with 1-2+ muscle spasms. The documentation noted that the injured worker has positive straight leg raise exam on the left at 30 degrees and positive on the right at 40 degrees. The diagnoses have included low back and bilateral lower extremity pain; status post L4-S1 (sacroiliac) decompressive laminectomy in July 2011 and left L5 and S1 (sacroiliac) radiculopathy. Treatment to date has included epidural steroid injections; trigger point injection; permanent implantation of a laminotomy/paddle lead spinal cord stimulator on 10/1/12; L4-S1 (sacroiliac) decompressive laminotomy in July 2011; physical therapy; chiropractic treatment and acupuncture therapy; norco; percocet and lidocaine patches. The request was for Norco 10/325mg #120 and Percocet 10/325mg #15.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 10/325mg #120:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use.

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

**Decision rationale:** The claimant sustained a work injury in February 2011 and continues to be treated for radiating back pain. Medications are referenced as decreasing pain from 10/10 to 4/10 with a 50% improvement in function including performing activities of daily living. The claimant lives alone and has no one else to assist with his daily activities. When seen, there was a mildly antalgic gait. There was decreased cervical and lumbar spine range of motion with tenderness. Spurling's testing and straight leg raising was positive. There was decreased right lower extremity strength and sensation and asymmetric ankle reflexes. Percocet and Norco were prescribed at a total MED (morphine equivalent dose) of less than 50 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 with improved function included ability to perform activities of daily living. The total MED is less than 120 mg per day consistent with guideline recommendations. Continued prescribing was medically necessary.

**Percocet 10/325mg #15:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use.

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

**Decision rationale:** The claimant sustained a work injury in February 2011 and continues to be treated for radiating back pain. Medications are referenced as decreasing pain from 10/10 to 4/10 with a 50% improvement in function including performing activities of daily living. The claimant lives alone and has no one else to assist with his daily activities. When seen, there was a mildly antalgic gait. There was decreased cervical and lumbar spine range of motion with tenderness. Spurling's testing and straight leg raising was positive. There was decreased right lower extremity strength and sensation and asymmetric ankle reflexes. Percocet and Norco were prescribed at a total MED (morphine equivalent dose) of less than 50 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. Percocet (oxycodone/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 with improved function included ability to perform activities of daily living. The total MED is less than 120 mg per day consistent with guideline recommendations. Continued prescribing was medically necessary.