

<b>Case Number:</b>	CM15-0132499		
<b>Date Assigned:</b>	07/20/2015	<b>Date of Injury:</b>	01/31/2012
<b>Decision Date:</b>	08/18/2015	<b>UR Denial Date:</b>	06/09/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/09/2015

### 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: 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 female, who sustained an industrial injury on 1-31-2012. She reported low back pain from heavy lifting. Diagnoses have included lumbago, degeneration of lumbar or lumbosacral intervertebral disc, thoracic or lumbosacral neuritis or radiculitis unspecified and sciatica. Treatment to date has included physical therapy, magnetic resonance imaging (MRI) and medication. According to the progress report dated 5-27-2015, the injured worker complained of increased low back pain and stiffness since the last visit. She had been taking Tramadol, which had not improved the pain. She stated that the Tramadol caused fatigue and dizziness. She reported continued numbness and burning in the bilateral lower extremities. She reported her pain as six to seven out of ten with medications and eight to nine out of ten without medications. She requested to be restarted on Norco due to the ineffectiveness of other medications. Physical exam revealed paraspinal muscle spasms in the thoracic-lumbar spine. Authorization was requested for Norco.

### 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:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain (Chronic), Opioids.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 44, 47, 75-79, 120 of 127.

**Decision rationale:** Regarding the request for Norco 10/325mg #120, California Pain Medical Treatment Guidelines note that it is an opiate pain medication. Due to high abuse potential, close follow-up is recommended with documentation of analgesic effect, objective functional improvement, side effects, and discussion regarding any aberrant use. Guidelines go on to recommend discontinuing opioids if there is no documentation of improved function and pain. Within the documentation available for review, it appears the patient has moderate to severe pain and has failed tramadol. A trial of Norco, to see whether or not it is more effective, seems reasonable. Of course, ongoing use will require documentation of analgesic efficacy, objective functional improvement, discussion regarding side effects, and discussion regarding aberrant use. As such, in light of the above, the currently requested Norco 10/325mg #120 is medically necessary.