

<b>Case Number:</b>	CM15-0134002		
<b>Date Assigned:</b>	07/22/2015	<b>Date of Injury:</b>	11/01/2010
<b>Decision Date:</b>	08/18/2015	<b>UR Denial Date:</b>	07/07/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/10/2015

### 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: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular 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 60 year old female, who sustained an industrial injury on November 1, 2010. She reported severe sharp pain in her tailbone region. The injured worker was diagnosed as having a back injury. Treatment to date has included physical therapy, medication, x-ray, MRI, epidural steroid injection, home exercise program, pain relief generator, physical therapy, wrist braces, knee brace, chiropractic and acupuncture care. Currently, the injured worker complains of increased back pain and radiculopathy in her legs since the epidural injection has worn off. Her pain is rated 3 on 10 with medication and 7 on 10 without medication. She reports cervical spine pain, difficulty with range of motion and headaches. She reports right hand pain that radiates to her elbow. The pain is described as throbbing associated with numbness and tingling. She reports low back stiffness and aching from her tailbone to her waist that radiates to her buttocks. She has right knee pain and states the knee can become partially dislocated when walking. The injured worker is diagnosed with lumbago and lumbar degenerative disc disease. She is currently working. A note dated February 23, 2015 states the injured worker experiences therapeutic efficacy from Norco and allows her to engage in activities of daily living. A note dated March 16, 2015 states the injured worker experienced approximately 90% relief from the epidural injection; however she is unable to receive further injections until October 2015. A note dated May 1, 2015 states the injured worker experienced approximately 12 weeks of pain relief from epidural injections. A note dated May 31, 2015 states the injured worker experienced pain relief from chiropractic care, but not from acupuncture. The note also stated the injured worker did not like physical therapy and opted for

an independent gym program. A note dated June 23, 2015 states the injured worker receives moderate pain relief from medication, which allows her to engage in activities of daily living. Due to therapeutic efficacy experienced by the injured worker, a prescription for Norco 10-325 mg #120 is requested.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

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

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Hydrocodone/Acetaminophen, Long-term Users of Opioids, Weaning of Medications.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Ongoing management Page(s): 78-80.

**Decision rationale:** Norco 10/325mg is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The MTUS does not support ongoing opioids without increase in function or significant pain increase. The documentation indicates that the patient has been using Norco long term dating back to 2013. There have been numerous peer reviews recommending certification for weaning based on lack of functional change with continued use of Norco. A review of the documentation does not support continued use, as the progress notes do not indicate evidence of an increase in function despite Norco use. Furthermore, the documentation reveals that her pain levels have gradually increased per VAS scores on progress notes despite increase in daily Norco use. The request for continued Norco is not medically necessary.