

<b>Case Number:</b>	CM15-0134551		
<b>Date Assigned:</b>	07/22/2015	<b>Date of Injury:</b>	08/30/2011
<b>Decision Date:</b>	08/19/2015	<b>UR Denial Date:</b>	06/09/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/13/2015

### 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, Indiana, New York  
Certification(s)/Specialty: Internal 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 32 year old male who sustained an industrial injury on 08/30/11. Initial complaints and diagnoses are not available. Treatments to date include medications and physical therapy. Diagnostic studies include x-rays and a MRI of the lumbar spine. Current complaints include low back pain radiating to the legs. Current diagnoses include lumbar myospasm, lumbar radiculopathy, and lumbar sprain/strain. In a progress note dated 06/02/15 the treating provider reports the plan of care as medications including pantoprazole, diclofenac, Norco, and compound topical medications. The requested treatment includes 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:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opiates Page(s): 74-96. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Opiates.

**Decision rationale:** Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Norco 10/325mg #120 is not medically necessary. Ongoing, chronic opiate use requires an ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. A detailed pain assessment should accompany ongoing opiate use. Satisfactory response to treatment may be indicated patient's decreased pain, increased level of function or improve quality of life. The lowest possible dose should be prescribed to improve pain and function. Discontinuation of long-term opiates is recommended in patients with no overall improvement in function, continuing pain with evidence of intolerable adverse effects or a decrease in functioning. The guidelines state the treatment for neuropathic pain is often discouraged because of the concern about ineffectiveness. In this case, the injured worker's working diagnoses are lumbar myospasm; lumbar radiculopathy; and lumbar sprain/strain. The date of injury is August 30, 2011. The request for authorization is June 4, 2015. According to an April 7, 2015 and May 5, 2015 progress note, the injured worker was prescribed topical analgesics, Motrin and pantoprazole. According to a progress note dated June 2, 2015, the injured worker had constant 7/10 low back pain with numbness and weakness in the legs. Objectively, there was no bruising, swelling, atrophy or lesion present at the lumbar spine. Range of motion was decreased. The treating provider dispensed #120 Norco 10/325mg tablets to be taken four times per day as needed. At the outset, this is an excessive number of Norco 10/325mg. The utilization review recommends non-certification based on the injured workers opiate use history, psychological assessment for alcohol and/or drug addiction, dependence or abuse, urine drug screen results. Based on the critical information in the medical record, peer-reviewed evidence-based guidelines and an excessive number of Norco 10/325 mg to be taken on an as needed basis at the inception of treatment, Norco 10/325mg #120 is not medically necessary.