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| <b>Case Number:</b>   | CM15-0138951 |                              |            |
| <b>Date Assigned:</b> | 07/28/2015   | <b>Date of Injury:</b>       | 05/31/2013 |
| <b>Decision Date:</b> | 08/25/2015   | <b>UR Denial Date:</b>       | 06/25/2015 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 07/17/2015 |

### 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 57-year-old female, who sustained an industrial injury on 5/31/2013. She reported a motor vehicle accident injuring the back, legs, hands, ankles and knees. Diagnoses include chronic pain, lumbar radiculopathy and bilateral knee pain. Treatments to date include medication therapy, physical therapy, acupuncture treatments, chiropractic therapy, and lumbar epidural steroid injections. Currently, she complained of neck pain with radiation to bilateral upper extremities, low back pain with radiation to bilateral lower extremities, and bilateral knee pain. Pain was rated 7/10 VAS on average with medications and rated 8/10 VAS on average without medications. The records documented pain relief with the opioid medication was 40% effective in reducing pain and increasing function, relief was provided within thirty minutes and lasted four to six hours. On 6/1/15, the physical examination documented lumbar tenderness with decreased range of motion and the straight leg raise test was positive bilaterally. The plan of care included a prescription for Norco 10/325mg #45.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 10/325mg #45:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids.

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

**Decision rationale:** The claimant sustained a work injury in May 2013 as a result of a motor vehicle accident and continues to be treated for radiating neck and low back pain and bilateral knee pain. When seen for an initial evaluation in May 2015 medications are referenced as decreasing pain from 8/10 to 2/10. Norco was prescribed. When requested, medications were decreasing pain from 8/10 to 7/10. However, the report references a 40% improvement when taking hydrocodone with onset of pain relief in 30 minutes and duration lasting for 4-6 hours. It references functional improvements including activities of daily living and improved standing tolerance and as well as improved quality of life. Physical examination findings included lumbar spine tenderness with decreased and painful lumbar spine range of motion. Straight leg raising was positive. Norco was continued at the same dose. 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 documented as improving the claimant's quality of life and function. The total MED is less than 120 mg per day consistent with guideline recommendations. Continued prescribing is considered medically necessary.