

<b>Case Number:</b>	CM15-0139847		
<b>Date Assigned:</b>	07/29/2015	<b>Date of Injury:</b>	01/09/2013
<b>Decision Date:</b>	08/27/2015	<b>UR Denial Date:</b>	07/06/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/20/2015

### 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: Emergency 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 57 year old male who sustained an industrial injury on 01/09/2013. Mechanism of injury was not found in documents presented for review. Diagnoses include lumbar radiculopathy, low back pain, sacroiliitis, lumbar facetal pain, and bilateral carpal tunnel syndrome. Treatment to date has included diagnostic studies, medications, physical therapy, use of a Transcutaneous Electrical Nerve Stimulation unit and activity modifications. A physician progress note dated 05/29/2015 documents the injured worker has continued low back pain, which radiates to his right lower extremity with numbness and tingling into the right leg and foot. He rates his pain as 7 out of 10. There is tenderness and spasms noted in the lumbar paraspinal muscles, and stiffness noted motion of the spine. He has continued pain and numbness to his bilateral hands and it is associated with poor strength. His current medications help with his pain. There is right facetal joint tenderness. Dysesthesia is present to light touch to the bilateral wrists, and bilateral median nerve distribution. The treatment plan includes refilling the medication Gabapentin, a right wrist brace, occupational therapy for her bilateral wrists, and an updated Magnetic Resonance Imaging of the lumbar spine. Treatment requested is for Norco tablet 5/325mg #60, twice a day (MED=10).

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco tablet 5/325mg #60, twice a day (MED=10): Overturned**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, On-Going Management, Pages 78-80, Opioids for Chronic Pain, Pages 80-82; Opioid Dosing, Page 86.

**Decision rationale:** The requested Norco tablet 5/325mg #60, twice a day (MED=10), is medically necessary. CA MTUS Chronic Pain Treatment Guidelines, Opioids, On-Going Management, Pages 78-80, Opioids for Chronic Pain, Pages 80-82, recommend continued use of this opiate for the treatment of moderate to severe pain, with documented objective evidence of derived functional benefit, as well as documented opiate surveillance measures; and Opioid Dosing, Page 86, note "In general, the total daily dose of opioid should not exceed 120 mg oral morphine equivalents." The injured worker has low back pain, which radiates to his right lower extremity with numbness and tingling into the right leg and foot. He rates his pain as 7 out of 10. There is tenderness and spasms noted in the lumbar paraspinal muscles, and stiffness noted motion of the spine. He has continued pain and numbness to his bilateral hands and it is associated with poor strength. His current medications help with his pain. There is right facet joint tenderness. Dysesthesia is present to light touch to the bilateral wrists, and bilateral median nerve distribution. There is reported functional stability with this load opiate load opiate regimen. The criteria noted above having been met, Norco tablet 5/325mg #60, twice a day (MED=10) is medically necessary.