

<b>Case Number:</b>	CM15-0140523		
<b>Date Assigned:</b>	07/30/2015	<b>Date of Injury:</b>	05/10/2005
<b>Decision Date:</b>	08/27/2015	<b>UR Denial Date:</b>	06/29/2015
<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: 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 67-year-old male who sustained an industrial injury on May 10, 2005 resulting in radiating low back pain and impaired range of motion. He was diagnosed with lumbar radiculitis, sprain of the lumbar region, lumbosacral disc degeneration, disc displacement, and subsequently, post-laminectomy and chronic pain syndromes. Treatment has included lumbar laminectomy and fusion; physical therapy with temporary improvement; spinal cord stimulation; home exercise which is reported to be more effective than rest at symptom management; muscle relaxants; Gabapentin helpful with numbing and tingling, but with side effects at high doses; Tramadol with minimal pain relief, and Norco with report of pain decreasing from 9 out of 10 on pain scale to 7. The injured worker continues to present with cramping, muscle spasms and low back pain, numbness, and tingling radiating down his right leg to the foot. The treating physician's plan of care includes Norco 10-325 mg. Work status is permanent and stationary.

### 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 cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines (1) Opioids, criteria for use, (2) Opioids, dosing Page(s): 76-80, 86. Decision based on Non-MTUS Citation Farrar JT, Young JP, LaMoreaux L, Werth JL, Poole RM. Clinical importance of changes in chronic pain intensity measured on an 11-point numerical pain rating scale. Pain. 2001 Nov; 94 (2):149-58.

**Decision rationale:** The claimant has a remote history of a work injury and is being treated for radiating low back pain with a diagnosis of failed back surgery syndrome. A spinal cord stimulator trial is being requested. Medications are referenced as decreasing pain from 9/10 to 7/10 and allowing him to walk, drive for short distances, clean around his house, and perform activities of daily living with breaks. When seen, there was pain with lumbar range of motion and muscle spasms and trigger points were present. There was positive straight leg raising bilaterally. There was a slow gait. Norco was prescribed at a total MED (morphine equivalent dose) of 40 mg per day. Guidelines indicate that when an injured worker has reached a permanent and stationary status or maximal medical improvement, that does not mean that they are no longer entitled to future medical care. 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 providing some degree of decreased pain and improved activity tolerance and ability to perform activities of daily living. The total MED is less than 120 mg per day consistent with guideline recommendations. Continued prescribing was medically necessary.