

<b>Case Number:</b>	CM15-0142616		
<b>Date Assigned:</b>	08/03/2015	<b>Date of Injury:</b>	08/08/2011
<b>Decision Date:</b>	09/01/2015	<b>UR Denial Date:</b>	07/07/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/22/2015

### 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:

This 58 year old man sustained an industrial injury on 8-8-2011. The mechanism of injury is not detailed. Diagnoses include lumbar spine pain, lumbar degenerative disc disease, sciatica, lumbar spondylosis without myelopathy, lumbar sprain-strain, and mood disorder. Treatment has included oral medications. Physician notes dated 4-28-2015 show complaints of low back pain rated 7 out of 10. Recommendations include lumbar medial branch block, lumbar facet injection, lumbar transforaminal epidural steroid injection, repeat lumbar spine MRI, functional restoration program, neurology consultation, Flexeril, Norco, urine drug screen, Celexa, and follow up in eight weeks.

### 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 opioids Page(s): 80.

**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 bilateral facet arthropathy versus DDD; degenerative disc disease L5- S1. The date of injury is August 8, 2011. Request for authorization is dated July 22, 2015. A QME dated February 13, 2015 shows Norco was prescribed as far back as June 2013. According to a progress note by the requesting provider, dated April 28, 2015, subjective symptoms are unchanged from pain secondary to DDD. There is a 90% improvement without side effects from Norco. There is no documentation demonstrating objective functional improvement. There are no risk assessments in the medical record. There are no detailed pain assessments in medical record. Consequently, absent clinical documentation demonstrating objective functional improvement, attempted Norco tapering, risk assessment and detailed pain assessments, Norco 10/325mg # 120 is not medically necessary.