

<b>Case Number:</b>	CM15-0143271		
<b>Date Assigned:</b>	08/04/2015	<b>Date of Injury:</b>	11/10/2011
<b>Decision Date:</b>	08/31/2015	<b>UR Denial Date:</b>	07/01/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/23/2015

### 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 50-year-old male with an industrial injury date 11-10-2011. The injury is documented as occurring when he was lowering a ladder and felt a sharp pain in his low back. His diagnosis included lumbar disc displacement without myelopathy, thoracic or lumbosacral neuritis or radiculitis and lumbago. Comorbid conditions included hypertension, asthma and hypercholesterolemia. Prior treatment included epidural steroid injection, physical therapy, TENS unit, psychotherapy and chiropractor. His medications included Cozaar, Gabapentin, and Hydrocodone with Acetaminophen, Losartan and Proair. He presents on 06-23-2015 with ongoing low back and bilateral lower extremity pain. He reports pain is 7 out of 10 without medication and goes down to 5 for 2-3 hours with medication. He was taking Norco, Topamax and Neurontin and denied side effects. Physical exam of the lumbar spine revealed restricted range of motion. There was diminished sensation along the lateral right leg. Straight leg raising was positive down the right leg. The treatment plan is for medications. The provider documents the injured worker demonstrated increased activity and functionality on opiate therapy. The provider also documents no misuse or diversion of the medication and side effects were minimal and controllable. The treatment request for Neurontin 600 mg Qty 90 was authorized. The treatment request for review is Norco 10/325 mg Qty 60.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 10/325 mg Qty 60:** 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 (2) Opioids, dosing, p86. 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 sustained a work injury in November 2011 and continues to be treated for radiating back pain. Medications are referenced as decreasing pain from 7/10 to 5/10 lasting for 2-3 hours with reported increased activity tolerance and function. When seen, he was having less leg pain. There was decreased and painful spinal range of motion with muscle tenderness. Straight leg raising was positive. There was decreased right lower extremity sensation. Medications were refilled. Norco was being prescribed at a total MED (morphine equivalent dose) of 20 mg per day. 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 decreased pain of significance to the claimant and allowing for tolerance of activities and improved function. The total MED is less than 120 mg per day consistent with guideline recommendations. Continued prescribing was medically necessary.