

<b>Case Number:</b>	CM15-0143688		
<b>Date Assigned:</b>	08/04/2015	<b>Date of Injury:</b>	10/16/2002
<b>Decision Date:</b>	09/08/2015	<b>UR Denial Date:</b>	06/29/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/24/2015

### 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: Texas, California  
 Certification(s)/Specialty: Family Practice

### 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(n) 54 year old female, who sustained an industrial injury on 10-16-02. She reported injury to her lower back after she tripped over a crate and fell. She subsequently had an L4-S1 fusion on 7-26-06 and a removal of hardware L4-S1 in 1-2010. The injured worker was diagnosed as having lumbar degenerative disc disease and lumbar radiculopathy. Treatment to date has included an L3-L4 fusion on 3-20-14, a lumbar facet block on 6-29-12, an EMG of the lower extremities on 11-27-12, Soma, Percocet and Norco since at least 4-4-13. As of the PR2 dated 3-3-15, the injured worker reports pain in her lower back that radiates to her left leg. She is scheduled to start aquatic therapy. Objective findings include lumbar flexion 30 degrees, extension 15 degree and rotation 15 degrees bilaterally. The treating physician requested Norco 5-325mg #120. Per the note dated 6/2/15 the patient had complaints of pain in lower extremity with radiation. Physical examination of the lower extremity revealed 5/5 strength and decreased sensation. The medication list includes Soma, Percocet, Neurontin, Tramadol and Norco. The patient has had MRI of the lumbar spine on 9/3/14 that revealed foraminal narrowing, and post surgical changes. The patient had received an unspecified number of the PT, chiropractic and acupuncture visits for this injury. A recent urine drug screen report was not specified in the records provided.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 5/325mg, 1 orally every 6 hours as needed, #120: Overturned**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use Page(s): 78.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use: page 76-80, criteria for use of opioids, Therapeutic Trial of Opioids.

**Decision rationale:** Request: Norco 5/325mg, 1 orally every 6 hours as needed, #120. Norco contains Hydrocodone with APAP which is an opioid analgesic in combination with acetaminophen. According to CA MTUS guidelines cited below, "A therapeutic trial of opioids should not be employed until the patient has failed a trial of non-opioid analgesics. Before initiating therapy, the patient should set goals, and the continued use of opioids should be contingent on meeting these goals." Other criteria for ongoing management of opioids are: "The lowest possible dose should be prescribed to improve pain and function. Continuing review of the overall situation with regard to non-opioid means of pain control. Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects." In addition according to the cited guidelines "Short-acting opioids: also known as normal-release or immediate-release opioids are seen as an effective method in controlling chronic pain. They are often used for intermittent or breakthrough pain." She had an L4-S1 fusion on 7-26-06 and a removal of hardware L4-S1 in 1-2010. The injured worker was diagnosed as having lumbar degenerative disc disease and lumbar radiculopathy. Treatment to date has included an L3-L4 fusion on 3-20-14, a lumbar facet block on 6-29-12, an EMG of the lower extremities on 11-27-12, Soma, Percocet and Norco since at least 4-4-13. As of the PR2 dated 3-3-15, the injured worker reports pain in her lower back that radiates to her left leg. Objective findings include lumbar flexion 30 degrees, extension 15 degree and rotation 15 degrees bilaterally. Per the note dated 6/2/15 the patient had complaints of pain in lower extremity with radiation. Physical examination of the lower extremity strength and decreased sensation, the patient has had MRI of the lumbar spine on 9/3/14 that revealed foraminal narrowing, and post surgical changes. She has had a total of 3 surgeries to the low back. There is no evidence of aberrant behavior. Patient has had a trial of tramadol and Gabapentin for this injury. This medication is deemed medically appropriate and necessary in the present dose and amount to treat any exacerbations of the pain on an as needed/ prn basis. The medication Norco 5/325mg, 1 orally every 6 hours as needed, #120 is medically necessary and appropriate in this patient.