

<b>Case Number:</b>	CM15-0144128		
<b>Date Assigned:</b>	08/05/2015	<b>Date of Injury:</b>	06/11/2004
<b>Decision Date:</b>	09/28/2015	<b>UR Denial Date:</b>	06/26/2015
<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: 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 59 year old female, who sustained an industrial injury on 06-11-2004. The injured worker is currently permanent and stationary. The injured worker is currently diagnosed as having L3-L4 grade 1 spondylolisthesis, right greater than left lower extremity radicular symptoms, status post right shoulder rotator cuff repair, autoimmune hepatitis, status post lumbar laminectomy and fusion with instrumentation at L3-L4, and depression due to chronic pain. Treatment and diagnostics to date has included lumbar spine surgery, aquatic therapy, consistent urine drug screen dated 05-13-2015 per 06-11-15 progress note, and medications. In a progress note dated 06-11-2015, the injured worker reported pain in her low back with numbness and tingling in the left leg. The injured worker stated her pain is rated a 4 out of 10 on the pain scale with current medications and a 9 out of 10 without medications. Objective findings included mild myofascial tenderness from L4 to S1 with spasms and decreased sensory to light touch in the left L5 dermatome. The treating physician reported requesting authorization for Norco.

### 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): 74.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 76-79.

**Decision rationale:** Norco is acetaminophen and Hydrocodone, an opioid. Patient has chronically been on an opioid pain medication. As per MTUS Chronic pain guidelines, documentation requires appropriate documentation of analgesia, activity of daily living, adverse events and aberrant behavior. Documentation show objective improvement in pain and appropriate monitoring for abuse or aberrancy. However, documentation of functional objective improvement is lacking. While documentation claims improvement in ADLs, patient is still off work. MTUS guidelines do not recommend chronic use in not malignant pain pathology except for specific criteria. Patient has been on similar dose and number of tablets of Norco for at least 6months. Provider has not documented any long term plan to wean patient off this medication or to transition to a longer lasting medication or a plan to return patient back to work. The lack of long term plan and the lack of significant functional improvement does not support continued opioid therapy. Norco is not medically necessary.