

<b>Case Number:</b>	CM15-0145878		
<b>Date Assigned:</b>	08/06/2015	<b>Date of Injury:</b>	07/31/2000
<b>Decision Date:</b>	09/03/2015	<b>UR Denial Date:</b>	07/14/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/27/2015

### 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 69 year old male, who sustained an industrial injury on 7-31-00. The injured worker has complaints of low back pain. Examination of the lumbar spine showed tenderness to the left paraspinal muscles and decreased and painful range of motion. The diagnoses have included lumbago. Treatment to date has included home exercise program; norco; facet injections and magnetic resonance imaging (MRI) of the lumbar spine in November 2010 showed multilevel degenerative disc changes with facet arthropathies, most prominent on the left side at L5-S1 (sacroiliac), mild spinal stenosis at L3 to L5, right foraminal disks at L4-L5 and L5-S1 (sacroiliac). The request was for norco 10-325mg #90 do not dispense until 7-11-15 and norco 10-325mg #90 do not dispense until 8-12-15.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 10/325mg #90 DND until 7/11/15:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use for a therapeutic trial of opioids.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines (1) Opioids, criteria for use, p76-80 (2) Opioids, dosing, p86 Page(s): 76-80, 86.

**Decision rationale:** The claimant has a remote history of a work-related injury in July 2000 and is being treated for chronic low back pain. Medications are referenced as decreasing pain from 9/10 to 4/10 with improved activities of daily living and ability to perform a home exercise program. When seen, there was decreased lumbar range of motion with tenderness. 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. The total MED is less than 120 mg per day consistent with guideline recommendations. According to the California Medical Board Guidelines for Prescribing Controlled Substances for Pain, patients with pain who are managed with controlled substances should be seen monthly, quarterly, or semiannually. The requested prescriptions are medically necessary.

**Norco 10/325mg #90 DND until 8/12/15:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use for a therapeutic trial of opioids.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines (1) Opioids, criteria for use, p76-80 (2) Opioids, dosing, p86 Page(s): 76-80, 86.

**Decision rationale:** The claimant has a remote history of a work-related injury in July 2000 and is being treated for chronic low back pain. Medications are referenced as decreasing pain from 9/10 to 4/10 with improved activities of daily living and ability to perform a home exercise program. When seen, there was decreased lumbar range of motion with tenderness. 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. The total MED is less than 120 mg per day consistent with guideline recommendations. According to the California Medical Board Guidelines for Prescribing Controlled Substances for Pain, patients with pain who are managed with controlled substances should be seen monthly, quarterly, or semiannually. The requested prescriptions are medically necessary.