

<b>Case Number:</b>	CM15-0147769		
<b>Date Assigned:</b>	08/10/2015	<b>Date of Injury:</b>	09/02/2003
<b>Decision Date:</b>	09/08/2015	<b>UR Denial Date:</b>	07/21/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/29/2015

### 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 67 year old male, who sustained an industrial injury on September 2, 2003. The initial diagnosis and symptoms experienced, by the injured worker, were not included in the documentation. Treatment to date has included medication, activity modification and rest. Currently, the injured worker complains of chronic neck and low back pain. The injured worker is diagnosed with lumbar and cervical degenerative disc disease and chronic neck and low back pain. A progress note dated July 16, 2015, states the injured worker experiences pain relief with medication from 6 on 10 to 4 on 10. The note also states the injured worker experiences pain relief from his medication regimen, activity modification and rest. The note further states the injured worker is able to engage in activities of daily living on his current regimen. The medication, Norco 10-325 mg #20 is requested to continue to provide the injured worker with pain relief.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 10/325mg #20:** 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, page 76-80 (2) Opioids, dosing, page 86. 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 has a remote history of a work-related injury in September 2003 and is being treated for chronic neck and low back pain. Medications are referenced as decreasing pain from 6/10 to 4/10 and keeping pain manageable and allowing for completion of activities of daily living. When seen, there was cervical and lumbar tenderness with decreased range of motion. Straight leg raising was negative. Norco was being prescribed at a total MED (morphine equivalent dose) of less than 10 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 a clinically significant decreased level of pain and allowing for completion of activities of daily living. The total MED is less than 120 mg per day consistent with guideline recommendations. Continued prescribing is medically necessary.