

<b>Case Number:</b>	CM15-0148298		
<b>Date Assigned:</b>	08/11/2015	<b>Date of Injury:</b>	02/07/2008
<b>Decision Date:</b>	09/11/2015	<b>UR Denial Date:</b>	07/23/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/30/2015

### 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:

This is a 56-year-old male patient who sustained an industrial injury on 02-07-2008. Diagnoses include degeneration of lumbar or lumbosacral intervertebral disc; displacement of lumbar intervertebral disc without myelopathy; other symptoms referable to back; and lumbago. According to the PR2 dated 7-7-2015, he had complaints of chronic lower back pain was not controlled with Ultram. He was taking Ultram instead of Suboxone due to new onset of tongue swelling and blistering. He wanted to get off of all medications if an alternative treatment for his pain could be found. He rated his pain 9 out of 10 without medications and 4 to 7 out of 10 with them. He reported his medications, along with activity restrictions and rest made his pain manageable and allowed him to complete his activities of daily living. His wish was to get off medications and return to work. The physical examination revealed the lumbar spine painful to touch and with movement, Flexion 60% restricted, lateral bending 40% restricted on the right and 30% restricted on the left, unable to extend, positive Straight leg raise, greater on the left, negative Patrick's and Lasegue's; Coordination, sensation and reflexes intact and good motor strength, but it elicited back pain, dysesthesia down the posterior legs to the heels. The medications list includes relafen, suboxone, neurontin, ultram. Patient was prescribed norco. Treatment to date has included medications, chiropractic treatment, acupuncture, physical therapy and a rehab program to learn proper lifting techniques. A request was made for one prescription of Norco 10-325mg, #30 for pain.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 10/325 mg, thirty count:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines criteria for use of opioids, page 75-80, Opioids page 74, Short-acting opioids page 75.

**Decision rationale:** Norco 10/325 mg, thirty count. Norco contains hydrocodone and acetaminophen. Hydrocodone is an opioid analgesic. According to CA MTUS guidelines cited below, "Opioid analgesics are a class of drugs (e.g., morphine, codeine, and methadone) that have a primary indication to relieve symptoms related to pain. Opioid drugs are available in various dosage forms and strengths. They are considered the most powerful class of analgesics that may be used to manage chronic pain." 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." Patient had ongoing pain and disability associated with injury to lumbar spine. He has significant objective findings on the physical examination- the lumbar spine painful to touch and with movement, Flexion 60% restricted, lateral bending 40% restricted on the right and 30% restricted on the left, unable to extend, positive Straight leg raise, greater on the left, negative Patrick's and Lasegue's; Coordination, sensation and reflexes intact and good motor strength, but it elicited back pain, dysesthesias down the posterior legs to the heels. There was objective evidence of conditions that can cause chronic pain with episodic exacerbations. Other criteria for ongoing management of opioids are: "The lowest possible dose should be prescribed to improve pain and function. Continuing review of 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." Patient is already taking Relafen, neurontin and ultram (non-opioid medications). Therefore, based on the clinical information obtained for this review the request for Norco 10/325 mg, thirty count is medically appropriate and necessary for this patient at this time for prn use.