

|                       |              |                              |            |
|-----------------------|--------------|------------------------------|------------|
| <b>Case Number:</b>   | CM15-0149767 |                              |            |
| <b>Date Assigned:</b> | 08/20/2015   | <b>Date of Injury:</b>       | 05/22/1987 |
| <b>Decision Date:</b> | 09/17/2015   | <b>UR Denial Date:</b>       | 07/20/2015 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 08/03/2015 |

### 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 79 year old female, who sustained an industrial injury on May 22, 1987. She reports an injury to her low back. Treatment to date has included physical therapy, lumbar medial branch blocks, opioid medications, chiropractic therapy, and rhizotomy and activity modifications. Currently, the injured worker complains of lumbar spine pain and stiffness. She describes her pain as moderate constant pain and notes that the pain is aggravated by activities of daily living. Her pain is improved with rest, activity, medications, physical therapy and chiropractic therapy. She reports that her medications allow her to remain active, to function in activities of daily living and to ambulate. She reports partial relief of pain with Norco and she rates her pain a 4-6 on a 10-point scale. On physical examination the injured worker has tenderness to palpation of the bilateral sacroiliac joints and lumbar facet joints. She has paravertebral muscle spasm of the lumbar spine. She has intermittent paresthesia into the L5 and S1 dermatomes and her motor strength is 3-5 in the bilateral lower extremities. She has waddling and shuffling gait. The diagnoses associated with the request include lumbar disc protrusion, lumbar neuralgia of L5, S1, sacroiliac joint pain, and facet joint pain. The treatment plan includes Norco, compound transdermal creams, and physical therapy for gait training.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 10/325 mg #120:** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines (1) Pain Outcomes and Endpoints, p 8, (2) Opioids, criteria for use, p 76-80 (3) Opioids, dosing, p 86 Page(s): 8, 76-80, 86.

**Decision rationale:** The claimant has a remote history of a work-related injury in May 1987 and is being treated for chronic radiating low back pain. Medications are referenced as providing partial pain relief and as allowing the claimant to remain active including performing activities of daily living. When seen, there was thoracic and lumbar paraspinal muscle spasm and lumbar facet and sacroiliac joint tenderness. There was decreased lumbar range of motion. There was decreased lower extremity strength and a waddling, shuffling gait. Norco was refilled at a total MED (morphine equivalent dose) of up to 40 mg per day. Guidelines indicate that when an injured worker has reached a permanent and stationary status or maximal medical improvement that does not mean that they are no longer entitled to future medical care. 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 partial pain relief but also facilitating activities of daily living. The total MED is less than 120 mg per day consistent with guideline recommendations. Continued prescribing is medically necessary.