

<b>Case Number:</b>	CM15-0161121		
<b>Date Assigned:</b>	08/27/2015	<b>Date of Injury:</b>	08/10/1998
<b>Decision Date:</b>	09/30/2015	<b>UR Denial Date:</b>	08/05/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/18/2015

### 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: 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 52 year old male who sustained an industrial injury on 08-10-1998. Mechanism of injury was not found in documentation presented for review. On 05-19-2015 while getting on a bus off work he fell when the driver sped off and he fell back onto his side landing hard. Diagnoses include lumbar spine degenerative disc disease, lumbar radiculopathy, and thoracic degenerative disc disease. Treatment to date has included diagnostic studies, medications, lumbar epidural steroid injections, use of a Transcutaneous Electrical Nerve Stimulation unit, and therapy. He is not working modified duties, due to an exacerbation of pain. Current medications include Cymbalta, Norco, Amlodipine, Allopurinol and Indomethacin. A physician progress note dated 07-29-2015 documents the injured worker complains of upper and lower back pain. His pain has increased since his last visit. He rates his pain as 8 out of 10 with medications and 10 out of 10 without his medications. His quality of sleep is poor. After his fall on 05-19-2015 he has had an exacerbation of back pain, right forearm pain, right lower extremity weakness and right and left hip pain and also pain to his neck and head. He has an antalgic gait and a stooped gait and is assisted by a walker. He has restricted and painful lumbar range of motion. There is tenderness present. Lumbar facet loading is positive on the right side. Straight leg raising is positive on the right side. There is tenderness over the sacroiliac spine bilateral paraspinal musculature-right greater than left. The treatment plan includes Cymbalta, Soma, acupuncture and a lumbar brace. Treatment requested is for Norco 10/325mg tablet sig: 1 four times a day as needed times 120.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 10/325mg tablet sig: 1 four times a day as needed times 120:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 80 to 82.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 75-80.

**Decision rationale:** Regarding the request for Norco (hydrocodone/acetaminophen), Chronic Pain Medical Treatment Guidelines state that Norco is an opiate pain medication. Due to high abuse potential, close follow-up is recommended with documentation of analgesic effect, objective functional improvement, side effects, and discussion regarding any aberrant use. Guidelines further specify for discontinuation of opioids if there is no documentation of improved function and pain. Within the documentation available for review, there is no indication that the medication is improving the patient's function, and no documentation regarding side effects. As such, there is no clear indication for ongoing use of the medication. Opioids should not be abruptly discontinued, but unfortunately, there is no provision to modify the current request to allow tapering. In light of the above issues, the currently requested Norco (hydrocodone/acetaminophen) is not medically necessary.