

<b>Case Number:</b>	CM15-0161672		
<b>Date Assigned:</b>	08/28/2015	<b>Date of Injury:</b>	08/02/2005
<b>Decision Date:</b>	10/02/2015	<b>UR Denial Date:</b>	07/28/2015
<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: New York

Certification(s)/Specialty: Anesthesiology

### 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 43 year old female, who sustained an industrial injury on 8-2-05. The injured worker was diagnosed as having low back pain, myofascial pain, chronic pain syndrome, lumbar degenerative disc disease, lumbar discogenic pain and possible lumbar radiculitis. Treatment to date has included lumbar epidural steroid injections, oral medications including Norco, transcutaneous electrical nerve stimulation (TENS) unit, home exercise program and activity modifications. (MRI) magnetic resonance imaging of lumbar spine performed on 11-5-15 revealed l2-3 disc bulge and L5-S1 mild posterior spondylolisthesis. (MRI) magnetic resonance imaging of lumbar spine performed on 8-22-15 revealed L5-S1 minimal retrolisthesis, degenerative disc disease and bilateral facet arthrosis, small left paracentral disc protrusion and possible hepatic cyst or gallstone. Currently on 7-16-15, the injured worker complains of mid-low back pain stabbing to let hip with aching posteriorly down right leg with prolong walking and pins and needles on bottom of feet. She notes the pain is improved with rest, medications, injections and transcutaneous electrical nerve stimulation (TENS) unit. She rates the pain as 6 out of 10 without medication and 2-3 out of 10 with medications and unchanged since previous visit. Physical exam performed on 7-16-15 revealed antalgic gait, tenderness over the paraspinals of lumbar spine with decreased range of motion due to pain. A request for authorization was submitted on 7-17-15 for Anaprox 550mg #60, Norco 5-325mg #60 and Prilosec 20mg #60.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 5/325mg #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Hydrocodone/Acetaminophen, Opioids.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-96.

**Decision rationale:** According to the CA MTUS, Norco 5/325mg (Hydrocodone-Acetaminophen) is a short-acting opioid analgesic indicated for moderate to moderately severe pain, and is used to manage both acute and chronic pain. The treatment of chronic pain with any opioid analgesic requires review and documentation of pain relief, functional status, appropriate medication use, and side effects. A pain assessment should include current pain, intensity of pain after taking the opiate, and the duration of pain relief. In this case, there is insufficient evidence that the opioids were prescribed according to the CA MTUS guidelines, which recommend prescribing according to function, with specific functional goals, return to work, random drug testing, an opioid contract, and documentation of a prior failure of non-opioid therapy. In addition, the MTUS recommends urine drug screens for patients with poor pain control and to help manage patients at risk of abuse. There is no documentation of the medication's functional benefit, duration of pain relief and she states the pain is unchanged since previous visit. She has utilized Norco since at least 12-1-14. Medical necessity of the requested item has not been established. Of note, discontinuation of an opioid analgesic should include a taper, to avoid withdrawal symptoms. The requested medication is not medically necessary.