

<b>Case Number:</b>	CM15-0162483		
<b>Date Assigned:</b>	08/28/2015	<b>Date of Injury:</b>	06/12/2002
<b>Decision Date:</b>	09/30/2015	<b>UR Denial Date:</b>	08/11/2015
<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: 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 44 year old male who sustained an industrial injury on 06-12-02. Initial complaints and diagnoses are not available. Treatments to date include medications and lumbar spine surgery. Diagnostic studies include a MRI of the lumbar spine. Current complaints include right knee pain, chronic low back pain, depression, and anxiety. Current diagnoses include lumbar internal disc derangement, lumbar fusion, lumbar post laminectomy syndrome, lumbar radiculopathy, and right knee pain. In a progress note dated 08-06-15 the treating provider reports the plan of care as medications including Norco, Lyrica, Lexapro, Aciphex, Pennsaid, Miralax, as well as home exercise program and follow-ups with other providers. The requested treatment includes Norco. The documentation supports that the injured worker has been on Norco since at least 08-07-14.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 10/325mg qty: 180:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 91.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines (1) Pain Outcomes and Endpoints (2) Opioids, criteria for use, (3) Opioids, dosing Page(s): 8, 76-80, 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 sustained a work-related injury in June 2002 and is being treated for right knee and chronic low back pain. When seen, arthroscopic right knee surgery was pending. Norco was decreasing pain from 9.5/10 to 5/5-6/10. With improved activities of daily living including being able to work on a part time basis and being able to exercise. Physical examination findings included an antalgic gait without assistive device. There was lumbar tenderness with decreased range of motion. There was decreased lower extremity strength and sensation and positive straight leg raising bilaterally. Norco was prescribed at a total MED (morphine equivalent dose) of 30 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 decreased pain. The total MED is less than 120 mg per day consistent with guideline recommendations. Continued prescribing was medically necessary.