

<b>Case Number:</b>	CM15-0164550		
<b>Date Assigned:</b>	09/01/2015	<b>Date of Injury:</b>	08/12/2010
<b>Decision Date:</b>	10/05/2015	<b>UR Denial Date:</b>	08/11/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/21/2015

### 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 35 year old male, who sustained an industrial injury on August 12, 2010. The injured worker was diagnosed as having lumbar post laminectomy syndrome, lumbar radiculopathy, lumbar degenerative disc disease (DDD), chronic pain syndrome and low back pain. Treatment to date has included surgery, physical therapy, X-rays, Transcutaneous Electrical Nerve Stimulation (TENS) unit, H-wave therapy, epidural steroid injection, home exercise program (HEP) and medication. A progress note dated July 29, 2015 provides the injured worker complains of chronic low back pain rated 5 out of 10 with medication and 8 out of 10 without medication. He reports pain is unchanged from previous visit. Physical exam notes an antalgic gait, lumbar tenderness to palpation and decreased painful range of motion (ROM). The plan includes medication, home exercise program (HEP) and Transcutaneous Electrical Nerve Stimulation (TENS) and H-wave therapy.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Narc Norco 10/325mg #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) Opioids, criteria for use, p76-80 (2) Opioids, dosing Page(s): 76-80, 86.

**Decision rationale:** The claimant sustained a work injury in August 2010 and continues to be treated for chronic low back pain including a diagnosis of post laminectomy syndrome. Medications are referenced as decreasing pain from 8/10 to 5/10. When seen, urine drug screening test results had been consistent with the prescribed medications. He was benefiting from physical therapy treatments. Physical examination findings included an antalgic gait with use of a cane. There was limited lumbar spine range of motion. His BMI was over 31. An epidural steroid injection was being considered. Norco was prescribed at a total MED (morphine equivalent dose) of 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 decreased pain. The total MED is less than 120 mg per day consistent with guideline recommendations. Continued prescribing was medically necessary.