

<b>Case Number:</b>	CM15-0165469		
<b>Date Assigned:</b>	09/03/2015	<b>Date of Injury:</b>	06/29/2006
<b>Decision Date:</b>	10/06/2015	<b>UR Denial Date:</b>	07/25/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/24/2015

### 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 was a 48 year old female, who sustained an industrial injury, June 29, 2006. The injury was sustained when the injured worker was lifting a box of fixtures weighing approximately 45 pounds. When lifting the box the injured worker felt a pop in the left lower abdomen and lower left bask area. The injured worker previously received the following treatments Tramadol, Norco, Elavil, Zanaflex, Gabapentin, Tizanidine, lumbar spine MRI, L4-L5 fusion, random toxicology laboratory studies on June 24, 2015, which were negative for any unexpected findings, brain MRI, physical therapy and lumbar epidural steroid injections. The injured worker was diagnosed with lumbago, lumbar radiculopathy, anxiety, headaches, failed L4-L5 fusion back surgery syndrome, and medication induced gastritis, chronic pain syndrome knee pain and insomnia. According to progress note of June 24, 2015, the injured worker's chief complaint was low back pain. The injured worker reported a recent fall due to the legs giving out. The injured worker rated the pain at 8 out of 10 with pain medication and 7 out of 10 with pain medication. The physical exam noted the straight leg raises, Patrick's and facet loading exams were all positive. There was decreased sensation to light touch in the left lower extremity and over the ankle. There was weakness noted in the bilateral lower extremities diffusely. There was tenderness with palpation over the lumbar paraspinal musculatures and the sacroiliac joint region. There was crepitus noted over the right knee. The treatment plan included a prescription for Norco.

### 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 Opioids, Ongoing Management, Opioids for chronic pain Page(s): 78-80.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines (1) Opioids, criteria for use, p76-80 (2) Opioids, dosing, p86 Page(s): 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 has a remote history of a work-related injury in June 2006 and is being treated for chronic low back pain after an L4-5 fusion. When seen, medications are referenced as helping minimally with decreased pain from 8/10 to 7/10. Physical examination findings included appearing uncomfortable. Prior examination findings included positive straight leg raising, Patrick's, and facet loading tests with decreased lower extremity strength and sensation, lumbar and sacroiliac joint tenderness, and right knee crepitus. Notes reference difficulty obtaining medications as well as running out of them. Authorization for a spinal cord stimulator trial with psychological clearance is being requested. 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. Although there are no identified issues of abuse or addiction and the total MED is less than 120 mg per day, there is no documentation that this medication is currently providing a clinically significant amount of decreased pain, an increased level of function, or improved quality of life. Continued prescribing at this dose was not medically necessary.