

<b>Case Number:</b>	CM15-0168424		
<b>Date Assigned:</b>	09/09/2015	<b>Date of Injury:</b>	12/27/2007
<b>Decision Date:</b>	10/07/2015	<b>UR Denial Date:</b>	08/11/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/26/2015

### 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 34 year old female who sustained an industrial injury on 12-27-2007. Mechanism of injury occurred while making a bed; she stretched and felt a twinge in her back that eventually became painful. Diagnoses include lumbar radiculopathy, lumbar myofascial strain, lumbar herniated nucleus, lumbar facet arthropathy, and chronic pain status post back surgery-latest in 2011. Physician progress notes dated from 05-12-2015 to 07-14-2015 documents the injured worker has complaints of low back pain, which is worsening, and as of 05-12-2015, she rates her pain as 6-7 out of 10, as well as increased pins and needles to the left foot and continued difficulty sleeping. She is unable to tolerate pain without the use of Norco. As of 07-14-2015, she rated her pain as 8-9 out of 10 and she reports numbness, aching, cramping, and pins and needles in her bilateral lower legs and into her toes. Treatment to date has included diagnostic studies, medications including Norco, which she has been on since at least 12-10-2014, use of a Transcutaneous Electrical Nerve Stimulation unit, 12 sessions of aqua therapy, and 24 sessions of physical therapy. A urine toxicology report done on 04-14-2015 was consistent with her medications.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 10/325 mg Qty 90:** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines (1) Opioids, criteria for use, p76-80 (2) Opioids, dosing, p86. 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 injury in December 2007 and continues to be treated for worsening low back pain with left lower extremity numbness and tingling. Medications are referenced as decreasing pain from 8-9/10 to 5-6/10. Medications were providing an improved activity level and control of muscle spasms and cramps. Physical examination findings included restricted hip and lumbar spine range of motion with pain. There was lumbar paraspinal muscle atrophy. There was lumbar paraspinal and midline tenderness with increased muscle tone. Facet loading was positive. There was severe back pain with straight leg raising. She had decreased upper and lower extremity sensation. Norco was refilled at a total MED (morphine equivalent dose) of 30 mg per day. Urine drug screening has been consistent with the prescribed medications. 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, Norco is providing what is considered a clinically significant decrease in pain, and medications are providing improved function. The total MED is less than 120 mg per day consistent with guideline recommendations. Continued prescribing was medically necessary.