

<b>Case Number:</b>	CM15-0188646		
<b>Date Assigned:</b>	09/30/2015	<b>Date of Injury:</b>	01/22/2007
<b>Decision Date:</b>	11/16/2015	<b>UR Denial Date:</b>	08/27/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/24/2015

### 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 is a 38 year old female, who sustained an industrial injury on 1-22-2007. The injured worker is undergoing treatment for: neck, bilateral shoulders, low back, right leg, and bilateral forearm-wrist-hands. On 7-1-15, her pain is rated: headache 7, bilateral shoulders 8, neck, 8, bilateral forearm-wrist-hands 7, low back 8, right leg 7, and are indicated to as no change since her last visit. On 8-12-15, she reported headache rated 7 out of 10, neck pain rated 7 out of 10, bilateral shoulder pain rated 8 out of 10, bilateral forearm-wrist-hands pain rated 6 out of 10, low back pain rated 7 out of 10, and right leg pain rated 6 out of 10. She also reported increasing left leg weakness, and radiating pain from the neck down to the left forearm into the hand, thumb, ring and pinky fingers. Physical findings revealed tenderness in the neck, upper thoracic, lumbar, and sacroiliac. There is no discussion regarding the results of the urine drug screen done on this date. There is no discussion of the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. The treatment and diagnostic testing to date has included: ultrasound of the abdomen, and pelvic (3-1-15), upper GI series (3-5-15), x-rays of the abdomen (3-5-15), electrodiagnostic studies (4-17-15), magnetic resonance imaging of the left wrist (12-27-11), electrodiagnostic studies (5-21-15), QME (2-17-15), multiple physical therapy sessions, lumbar epidurals (12-2013), low back surgery (2008), and urine drug screening (8-12-15). Medications have included: Norco, Terocin cream, Omeprazole, Ambien, Lidoderm patches, Cyclobenzaprine, Flexeril. The records indicate she has been utilizing Norco since at least February 2015, possibly longer. The records indicate there is a signed pain management

agreement on file in the provider's office. Current work status: modified work restrictions. The request for authorization is for: Norco 10-325 mg, one tablet daily, quantity 60. The UR dated 8-27-2015: non-certified the request for Norco 10-325 mg, one tablet daily, quantity 60.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Norco 10/325 mg #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use, Opioids for chronic pain, Opioids, long-term assessment.

**Decision rationale:** The claimant sustained a work injury in January 2007 when she slipped and fell on a wet floor. A lumbar laminectomy with microdiscectomy was done in 2008. In March 2015, Norco 10/325 mg #90 was being prescribed. In August 2015, she had headaches, neck and low back pain, right leg pain, and bilateral shoulder, forearm, wrist, and hand pain rated at 6-8/10 which was unchanged. He was having left leg weakness which was progressive. She was having radiating neck pain. She had discontinued physical therapy due to increased pain. Physical examination findings included a body mass index over 30. There was tenderness throughout the spine and over both sacroiliac joints. Norco was continued at the same dose. Norco (hydrocodone/acetaminophen) is a short acting combination opioid 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 decreased pain through documentation of VAS pain scores or specific examples of how this medication is resulting in an increased level of function or improved quality of life. Continued prescribing is not considered medically necessary.