

<b>Case Number:</b>	CM15-0192222		
<b>Date Assigned:</b>	10/06/2015	<b>Date of Injury:</b>	08/20/2013
<b>Decision Date:</b>	11/13/2015	<b>UR Denial Date:</b>	08/27/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/30/2015

### 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 39 year old male who sustained an industrial injury on 08-20-2013. Medical records indicated the worker was treated for lumbar degenerative joint disease, lumbar disc protrusion, shoulder sprain-strain, elbow-forearm sprain-strain, and lateral epicondylitis. In the provider notes of 08-03-2015, the worker complains of lower back pain that he rates an 8 on a scale from 1-10. Pain is 5-6 at its best. Objectively he has a lumbar spine flexion of 80 degrees, extension of 10 degrees, left shoulder forward flexion was 170 degrees, and abduction was 170 degrees. Past treatments (10-29-2013) included acupuncture, chiropractic care, plain Tylenol, Tramadol with acetaminophen, applications of heat and cold, and topical over the counter medications. The worker has been on Norco since at least 11-25-2013. There is no report of functional gains with the Norco. There is no document of a current urine drug test, risk assessment profile, attempt at weaning or tapering, and an updated and signed pain contract. The treatment plan includes a prescription of Norco and referral to pain management. The worker is on modified work. A request for authorization was submitted for Norco 10/325 #90. A utilization review decision 08-27-2015 modified approval of the request to Norco 10/325 #60 for weaning.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 10/325 #90:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids for chronic pain.

**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 August 2013 when, while working as a security officer, he was struck by a truck that he was checking and fell onto the hood of the vehicle. When seen, he was having ongoing pain. He had low back pain rated at 8/10. He had good motion of the left shoulder. Physical examination findings included normal lumbar spine and left shoulder range of motion. Norco had been prescribed since August 2013 when he was having low back pain rated at 9/10. 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. He continues to have severe pain since it was prescribed more than two years ago. Continued prescribing is not considered medically necessary.