

<b>Case Number:</b>	CM15-0192260		
<b>Date Assigned:</b>	10/06/2015	<b>Date of Injury:</b>	05/20/2004
<b>Decision Date:</b>	11/12/2015	<b>UR Denial Date:</b>	09/24/2015
<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:

This is a 57 year old male who sustained an industrial injury on 5-20-2004. A review of the medical records indicates that the injured worker is undergoing treatment for lumbar radiculopathy and chronic pain. Medical records (2-18-2015 to 9-2-2015) indicate ongoing low back pain rated 5 to 6 out of 10 with medications and 8 out of 10 without medications. The pain radiated down the lower extremities, left greater than right. The pain was accompanied by frequent numbness, tingling and muscle weakness in the bilateral lower extremities. He reported ongoing activities of daily living limitations due to pain in the areas of self-care and hygiene, ambulation, hand function and sleep rated 7 out of 10. Per the treating physician (6-23-2015), the injured worker was temporarily totally disabled. The physical exam (9-2-2015) revealed a slow, antalgic gait. There was tenderness to palpation in the bilateral paravertebral area L4-S1 levels. Range of motion of the lumbar spine was limited due to pain. Treatment has included transforaminal epidural steroid injection (2013), lumbar fusion surgery, physical therapy, aquatic therapy and medications (Norco since at least 2-18-2015). Current medications (9-2-2015) included Gabapentin, Lyrica, Naproxen, Omeprazole, Norco and Senokot S. The original Utilization Review (UR) (9-24-2015) modified a request for Norco from #90 to #72.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 10/325mg #90 with one refill:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, dosing, Weaning of Medications.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use, Opioids for chronic pain, Opioids, dosing, Opioids, long-term assessment. 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 to the low back while working with drywall with date of injury in May 2004. He underwent a lumbar discectomy with decompression and fusion in May 2014. He is being treated for chronic radiating neck and radiating low back pain. Medications are referenced as decreasing pain from 8/10 to 5-6/10. When seen, he reported worsening pain with change in the weather. Medications are referenced as providing an overall 60% improvement. Physical examination findings included a slow and antalgic gait with use of a walker and a back brace. There was lumbar paravertebral tenderness with moderately decreased range of motion due to pain. There was decreased left lower extremity sensation and bilateral lower extremity strength. Norco was prescribed at a total MED (morphine equivalent dose) of 30 mg per day. 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 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 what is considered a clinically significant decrease in pain. The total MED is less than 120 mg per day consistent with guideline recommendations. Continued prescribing was medically necessary.