

<b>Case Number:</b>	CM15-0196973		
<b>Date Assigned:</b>	10/12/2015	<b>Date of Injury:</b>	06/10/1999
<b>Decision Date:</b>	11/18/2015	<b>UR Denial Date:</b>	09/25/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/06/2015

### 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: California  
Certification(s)/Specialty: Internal Medicine

### 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 61 year old male who sustained an industrial injury on 6-10-1999. A review of the medical records indicates that the injured worker is undergoing treatment for lumbar spondylosis and bilateral lumbar facet syndrome. Medical records (5-21-2015 to 9-17-2015) indicate ongoing low back pain rated 5 out of 10. On 9-17-2015, the injured worker reported mild, throbbing, aching pain status post RF bilaterally at L3-L4 and L4-L5. He reported burning pain in both feet. Per the treating physician (9-17-2015), the injured worker was permanently disabled. The physical exam (9-17-2015) revealed spasm and tenderness of the L3, L4 paralumbar muscles. Treatment has included physical therapy, chiropractic treatment, acupuncture, radiofrequency lumbar facet neurotomy and medications (Norco since at least 1-23-2015). Current medications (9-17-2015) included Norco, Robaxin and Lyrica. The treating physician indicates (5-21-2015) that urine drug testing was performed and reviewed with the injured worker. The original Utilization Review (UR) (9-25-2015) denied a request for Norco.

### IMR ISSUES, DECISIONS AND RATIONALES

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

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

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

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

**Decision rationale:** Norco is noted to be a short acting opioid effective in controlling chronic pain and often used intermittently and for breakthrough pain. It is noted that it is used for moderate to moderately severe pain. The dose is limited by the Tylenol component and officially should not exceed 4 grams per day of this medicine. The most feared side effects are circulatory and respiratory depression. The most common side effects include dizziness, sedation, nausea, sweating, dry mouth, and itching. In general, opioid effectiveness is noted to be augmented with; 1. Education as to its benefits and limitations. 2. The employment of non opioid treatments such as relaxation techniques and mindfulness techniques. 3. The establishment of realistic goals, and; 4. Encouragement of self regulation to avoid the misuse of the medication. The MTUS notes that opioid medicines should be not the first line treatment for neuropathic pain because of the need for higher doses in this type of pain. It is also recommended that dosing in excess of the equivalent of 120 mg QD of morphine sulfate should be avoided unless there are unusual circumstances and pain management consultation has been made. It is also stated that the use of opioids in chronic back pain is effective in short term relief of pain and that long term relief of pain appears to be limited. However, the MTUS does state that these meds should be continued if the patient was noted to return to work and if there was noted to be an improvement in pain and functionality. Also, it is noted that if the medicine is effective in maintenance treatment that dose reduction should not be done. Our patient has chronic pain that is resistant to other benign forms of control. He is being monitored and a urine screen for abuse was reviewed with the patient. His pain is severe and recalcitrant. The medicine requested does not exceed either the opioid or acetaminophen recommended doses. The patient should be afforded access to this medicine. The UR decision is overturned.