

<b>Case Number:</b>	CM15-0197691		
<b>Date Assigned:</b>	10/13/2015	<b>Date of Injury:</b>	02/05/2010
<b>Decision Date:</b>	11/20/2015	<b>UR Denial Date:</b>	10/05/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/07/2015

### 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: North Carolina

Certification(s)/Specialty: Family Practice

### 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 29 year old male, who sustained an industrial injury on 02-05-2010. He has reported injury to the neck and low back. The diagnoses have included acute and chronic cervicgia; low back pain with numbness S1 radiculopathy, right greater than left; thoracic sprain-strain; lumbosacral sprain-strain; and lumbar intervertebral displacement without myelopathy. Treatment to date has included medications, diagnostics, chiropractic therapy, and physical therapy. Medications have included Ibuprofen and Norco. A progress report from the treating physician, dated 09-01-2015, documented an evaluation with the injured worker. The injured worker reported acute lumbar pain; the pain is described as sharp; this morning the pain was rated at 3 out of 10 in intensity; currently it is tight; the pain is rated at 5-6 out of 10 in intensity with repetitive use; he gets partial relief from Norco; he gets great relief from chiropractic manipulation with physical therapy as adjunct; he is able to keep working and this reduces his intake of Norco by 33%; and associated signs and symptoms include transient neck pain and transient right lower extremity radicular pain with numbness and tingling. Objective findings included he is in moderate distress; sensory exam is intact in the bilateral upper extremities, but decreased lower extremity; toe-heel walk and gait are normal; decreased range of motion with pain in the right lower extremity; left lower extremity radicular pain; tenderness to palpation at the T6-L1 region, diffuse lumbar spine, and maximum at the L4-5 and L5-S1 regions; and lumbar range of motion is decreased. The treatment plan has included the request for Norco 10-325mg, #150. The original utilization review, dated 10-05-2015, modified the request for Norco 10-325mg, #150, to Norco 10-325mg, #120.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 10/325mg, #150:** Upheld

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

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

**Decision rationale:** The California MTUS states: When to Continue Opioids (a) If the patient has returned to work (b) If the patient has improved functioning and pain. (Washington, 2002) (Colorado, 2002) (Ontario, 2000) (VA/DoD, 2003) (Maddox-AAPM/APS, 1997) (Wisconsin, 2004) (Warfield, 2004) The long-term use of this medication class is not recommended per the California MTUS unless there documented evidence of benefit with measurable outcome measures and improvement in function. There is no documented significant improvement in VAS scores for significant periods of time. There are no objective measurements of improvement in function or activity specifically due to the medication. Therefore all criteria for the ongoing use of opioids have not been met and the request is not medically necessary.