

<b>Case Number:</b>	CM15-0199092		
<b>Date Assigned:</b>	10/14/2015	<b>Date of Injury:</b>	10/19/2012
<b>Decision Date:</b>	11/30/2015	<b>UR Denial Date:</b>	09/18/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/09/2015

### 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: Maryland, Texas, Virginia

Certification(s)/Specialty: Internal Medicine, Allergy and Immunology, Rheumatology

### 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 53 year old male, who sustained an industrial injury on 10-19-12. The injured worker was diagnosed as having lumbar discogenic disease at L4-S1, thoracic strain, right lower extremity radiculopathy, L4-5 stenosis and status post lumbar fusion. Treatment to date has included physical therapy and medication including Norco, Naproxen, and Flexeril. Physical examination findings on 8-19-15 included a positive straight leg raise test on the right and positive Lasegue test on the right. Right sided sciatica and S1 tenderness was also noted. Trigger points of thoracic paravertebral muscles and rhomboid muscles bilaterally. Lumbar range of motion was decreased in extension, flexion, and side bending with pain. On 7-1-15 and 8-19-15 pain was rated as 5 of 10 without medication and 2 of 10 with medication. The injured worker had been taking Norco since at least December 2014. On 8-19-15, the injured worker complained of right sided rib pain, right leg pain, right hip pain, and low back pain. On 9-11-15 the treating physician requested authorization for Norco 10-325mg #90. On 9-18-15 the request was non-certified.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**1 prescription for Norco 10/325 mg #90: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper Back (Acute and Chronic), Low Back - Lumbar & Thoracic (Acute & Chronic), Opioids, Pain.

**Decision rationale:** ODG does not recommend the use of opioids for neck and low back pain except for short use for severe cases, not to exceed 2 weeks. The patient has exceeded the 2 week recommended treatment length for opioid usage. MTUS does not discourage use of opioids past 2 weeks, but does state that "ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include current pain; 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. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life." The treating physician does not fully document the least reported pain over the period since last assessment, intensity of pain after taking opioid, pain relief, increased level of function, or improved quality of life. As such, the request for 1 prescription for Norco 10/325 mg #90 is not medically necessary.