

<b>Case Number:</b>	CM15-0199153		
<b>Date Assigned:</b>	10/14/2015	<b>Date of Injury:</b>	08/30/2013
<b>Decision Date:</b>	12/02/2015	<b>UR Denial Date:</b>	10/02/2015
<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: Texas, Illinois

Certification(s)/Specialty: Preventive Medicine, Occupational 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:

The injured worker is a 34 year old male, who sustained an industrial injury on August 30, 2013. He reported immediate pain in his lower back. He reported neck pain several days following the injury. The injured worker has been diagnosed of lumbar herniated nucleus pulposus, lumbar radiculopathy, lumbar facet hypertrophy, neck pain and cervical radiculopathy. Treatment to date has included injections, physical therapy with good temporary relief, acupuncture with minimal relief and medication. Norco was reported to provide "good relief" and was noted to be prescribed by company doctors in the past. He had two epidural injections to the lower back. His second injection provided about 25% relief for about two weeks. On September 11, 2015, the injured worker complained of aching and stabbing pain, mainly in his lower back. The pain was rated an 8-9 on a 1-10 pain scale. He also reported radiation of burning pain down the right lower extremity to the toes. He reported numbness and tingling in the right lower extremity when he walks. He also reported neck pain with radiation to the shoulder along with tingling and numbness down the left arm to the hand. His neck pain was rated a 7 on the pain scale. The injured worker complained of pain that was "severely" affecting his quality of life. He stated that his activity level was "severely limited" due to his pain. He can only stand or walk about ten minutes at a time. The injured worker also reported anxiety, depression and interrupted sleep due to his pain. Notes stated that he last worked in approximately January or February of 2015, being unable to continue working due to the pain. The treatment plan included a microlumbar decompression on the right at L5-S1, Norco, Gabapentin, Relafen and a follow-up visit. On October 2, 2015, utilization review denied a request for Norco 5-325mg #60.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 5/325mg #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS General Approaches 2004, and 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, criteria for use, Opioids for chronic pain, Opioids for osteoarthritis, Opioids, screening for risk of addiction (tests).

**Decision rationale:** The injured worker sustained a work related injury on August 30, 2013 . The medical records provided indicate the diagnosis of lumbar herniated nucleus pulposus, lumbar radiculopathy, lumbar facet hypertrophy, neck pain and cervical radiculopathy. Treatment to date has included injections, physical therapy with good temporary relief, acupuncture with minimal relief and medication. The medical records provided for review do not indicate a medical necessity for Norco 5/325mg #60. The MTUS recommends the use of the lowest dose of opioids for the short term treatment of moderate to severe pain. Also, the MTUS recommends that individuals on opioid maintenance treatment be monitored for analgesia (pain control), activities of daily living, adverse effects and aberrant behavior; the MTUS recommends discontinuation of opioid treatment if there is no documented evidence of overall improvement or if there is evidence of illegal activity or drug abuse or adverse effect with the opioid medication. Although the records indicate the injured worker has used opioids in the past the records indicate the injured worker has not used opioids for a long time; therefore, this would be considered an initial use. The medical records indicate the injured worker was not assessed as recommended by the MTUS for initial use of opioids. The MTUS recommends as follows: (c) Before initiating therapy, the patient should set goals, and the continued use of opioids should be contingent on meeting these goals. (d) Baseline pain and functional assessments should be made. Function should include social, physical, psychological, daily and work activities, and should be performed using a validated instrument or numerical rating scale. See Function Measures. (e) Pain related assessment should include history of pain treatment and effect of pain and function. (f) Assess the likelihood that the patient could be weaned from opioids if there is no improvement in pain and function.