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| <b>Case Number:</b>   | CM15-0202325 |                              |            |
| <b>Date Assigned:</b> | 10/19/2015   | <b>Date of Injury:</b>       | 11/05/2014 |
| <b>Decision Date:</b> | 12/01/2015   | <b>UR Denial Date:</b>       | 09/24/2015 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 10/15/2015 |

### 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:

The injured worker is a 31 year old male, who sustained an industrial injury on 11-5-14. The injured worker was being treated for lumbosacral neuritis and lumbosacral disc degeneration. On 8-4-15 the injured worker complained of low back pain with radiation down left leg and on 9-4-15, the injured worker complains of continued low back pain which is severe at times. "Medication really helps". He rated the pain 7 out of 10 with medications and 9 out of 10 without medications. Documentation did not indicate functional improvement or duration of pain relief. He is currently not working. Physical exam performed on 8-4-15 revealed tenderness of lumbar spine, tenderness at facet joint, crepitus, decreased range of motion and tenderness of right joint line. 9-4-15 revealed tenderness in lateral lumbar area, pain to palpation at midline, paraspinal area and pain with leaning forward and with lateral bending. MRI of lumbar spine revealed disc protrusion at L5-S1. Urine drug screen performed on 9-4-15 was consistent with medications prescribed. Treatment to date has included oral medications including Norco 10-325mg (since at least 5-20-15) and activity modifications. The treatment plan included request for Norco 10-325mg #150.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 10 mg-325 mg #150:** Overturned

**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, criteria for use, Opioids for chronic pain, Opioids, dosing, Opioids, long-term assessment.

**Decision rationale:** The claimant sustained a work injury in November 2014 when he had sudden sharp low back pain while shoveling. Treatments have included medications and physical therapy. In August 2015, he had low back pain with left lower extremity radicular symptoms. He was able to perform all activities of daily living. Physical examination findings included decreased lumbar range of motion with crepitus. There was facet tenderness. Norco 10/325 mg #100 was prescribed. In September 2015 medications were decreasing pain from 9/10 to 7/10. There was pain with leaning forward and with lateral bending. There was midline and lateral lumbar tenderness. Norco was increased to 10/325 mg #150. 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 was being prescribed as part of the claimant's ongoing management. There were no identified issues of abuse or addiction and Norco was providing partial pain relief with a clinically significant decrease in pain. The claimant had ongoing moderate to severe pain and the dose was appropriately increased. The total MED remained less than 120 mg per day consistent with guideline recommendations. Prescribing was medically necessary.