

<b>Case Number:</b>	CM15-0208069		
<b>Date Assigned:</b>	10/27/2015	<b>Date of Injury:</b>	01/17/2008
<b>Decision Date:</b>	12/14/2015	<b>UR Denial Date:</b>	10/06/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/22/2015

### 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: 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 51 year old male, who sustained an industrial injury on 01-17-2008. A review of the medical records indicates that the worker is undergoing treatment for degeneration of lumbar or lumbosacral intervertebral disc, sacroiliitis, myalgia and myositis, chronic pain syndrome and post-laminectomy syndrome. Treatment has included Norco (since at least 04-30-2015), Celebrex, Elavil, application of heat and ice and a lumbar epidural steroid injection. Subjective complaints (06-05-2015, 07-10-2015 and 09-25-2015) included back pain radiating to the left leg that was rated as 4-5 out of 10 with medications and 8 out of 10 without medications. The duration of pain relief and average pain rating was not documented During the 09-25-2015 visit, the worker reported good pain control with medication but that medication had been denied for almost 2 months and that without medication he was unable to move around, had severe pain and back spasm. Objective findings (06-05-2015, 07-10-2015 and 09-25-2015) included severe pain to touch of the lumbar spine and with movement along the lumbosacral region, positive left straight leg raise, restricted flexion, extension and lateral bending, right knee pain with weight bearing, tenderness in the pre-patellar region, palpable crepitus and dysesthesia along the poster left leg to heel. A utilization review dated 10-06-2015 non-certified a request for Norco 5-325 mg #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 Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use, Opioids, specific drug list. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter, Hydrocodone.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use, Opioids for chronic pain, Opioids, long-term assessment.

**Decision rationale:** The long-term utilization of opioids is not supported for chronic non-malignant pain per the MTUS guidelines. As noted in the MTUS guidelines, a recent epidemiologic study found that opioid treatment for chronic non-malignant pain did not seem to fulfill any of key outcome goals including pain relief, improved quality of life, and/or improved functional capacity. Furthermore, per the MTUS guidelines, in order to support ongoing opioid use, there should be improvement in pain and function. The medical records do not establish significant improvement in pain or function or change in work status to support the ongoing use of opioids. The request for Norco 5/325mg #60 is not medically necessary and appropriate.