

<b>Case Number:</b>	CM15-0209336		
<b>Date Assigned:</b>	10/28/2015	<b>Date of Injury:</b>	10/15/2009
<b>Decision Date:</b>	12/09/2015	<b>UR Denial Date:</b>	09/30/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/23/2015

### 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 39 year old male, who sustained an industrial injury on 10-15-2009. The injured worker was being treated for lumbago, status post microdiscectomy, and recurrent L4-5 (lumbar 4-5) disc disease. The injured worker (7-16-2015, 8-20-2015, and 9-17-2015) reported ongoing back pain and right leg pain and numbness. The injured worker reported that pain medication allowed him to be "more active and helps him with mobility and ADL" (activities of daily living) and without medications he has difficulty with bathing, dressing and toileting. The medical records (7-16-2015 and 8-20-2015) did not include documentation of the subjective pain ratings. The medical records show the subjective pain rating of 7-10 on 9-17-2015. The physical exam (7-16-2015, 8-20-2015, and 9-17-2015) revealed an antalgic gait, tenderness to palpation of the low back, flexion was 60 degrees with pain, and decreased sensation in the right L5 distribution. There was not a signed opioid pain agreement, risk assessment, or any urine drug screenings to check for Norco compliance included in the provided medical records. Treatment has included and pain medications (Norco since at least 12-2014). Per the treating physician (9- 17-2015 report), the injured worker is not currently working. On 9-23-2015, the requested treatments included Norco 10-325mg. On 9-30-2015, the original utilization review modified a request for Norco 10-325mg #30 (original request for #120) to allow for weaning.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 10/325mg #120:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use, Opioids for chronic pain, Opioids for neuropathic pain, Opioids for osteoarthritis, Opioids, cancer pain vs. nonmalignant pain, Opioids, dealing with misuse & addiction, Opioids, differentiation: dependence & addiction, Opioids, dosing, Opioids, indicators for addiction, Opioids, pain treatment agreement, Opioids, psychological intervention, Opioids, screening for risk of addiction (tests), Opioids, steps to avoid misuse.

**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 claimant sustained a work injury in October 2009 and has a history of a lumbar microdiscectomy with recurrent L4/5 disc disease. In July 2015, pain was rated at 8-9/10. He was taking Norco four times per day. When seen in September 2015 pain scores were not recorded. Physical examination findings included low back tenderness. There was pain with lumbar flexion. There was decreased right lower extremity sensation. He had an antalgic gait. He was having right lower extremity pain with numbness and pressure on his left side down to his foot. Norco was refilled at a total MED (morphine equivalent dose) of 40 mg per day. A pain assessment should include the current level of pain, the least reported level of pain over the period since the last assessment, the average level of pain, the intensity of pain after taking the opioid medication, how long it takes for pain relief to occur, and how long the pain relief lasts. Norco (hydrocodone/acetaminophen) is a short acting combination opioid used for intermittent or breakthrough pain. In this case, it is being prescribed as part of the claimant's ongoing management. Although there are no identified issues of abuse or addiction and the total MED is less than 120 mg per day, there is no documentation that this medication is currently providing decreased pain through documentation of VAS pain scores with the last recorded pain scores in July 2015 indicating severe pain levels despite use of this medication. Continued prescribing at this dose is not medically necessary.