

<b>Case Number:</b>	CM15-0209353		
<b>Date Assigned:</b>	10/28/2015	<b>Date of Injury:</b>	11/02/2013
<b>Decision Date:</b>	12/09/2015	<b>UR Denial Date:</b>	10/13/2015
<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 30 year old male, who sustained an industrial injury on 11-2-2013. The injured worker is undergoing treatment for: lumbar sprain and strain, sciatica. On 7-31-15, 9-25-15, he reported low back and posterior thigh pain rated 3 out of 10. Objective findings revealed tenderness and spasm in the lumbar, decreased lumbar range of motion, normal sensory light touch bilateral lower extremities, tenderness of right posterior thigh area, and decreased strength of right ankle with dorsiflexion. There is no discussion regarding pain reduction with Norco. The treatment and diagnostic testing to date has included: medications, TENS, magnetic resonance imaging of the lumbar spine (3-24-15). Medications have included: gabapentin, meloxicam, omeprazole, acetaminophen, and Norco. The records indicate he has been utilizing Norco since at least July 2015 possibly longer. Current work status: modified. The request for authorization is for: hydroco-APAP 7.5-325mg tablets, 30 day supply, quantity 60, with no refills. The UR dated 10-13-2015: non-certified the request for hydroco-APAP 7.5-325mg tablets, 30 day supply, quantity 60, with no refills.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Hydroco/APAP tablet 7.5-325 day supply; 30 qty 60 refills; 00, Rx date; 10/8//15: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**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 November 2013 when, while removing large bolts with a powered torque wrench and flexing his lumbar spine and twisting, he had acute pain. He continues to be treated for persistent lumbar spine pain with radiating symptoms into the left lower extremity. In April 2015, pain was rated at 2/10. He was seen for an initial evaluation by the requesting provider in July 2015. Norco 5/325 mg was prescribed. In September 2015, he had pain rated at 3/10. Medications are referenced as allowing him to slightly increase his activity level and relieving pain. He was not having medication side effects. He was continuing to use a TENS unit at home. Physical examination findings included lumbar paraspinal muscle tenderness and stiffness with range of motion. There was pain with flexion and extension. There was decreased right lower extremity strength. Norco was refilled now at 7.5/325 mg #60. 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 has provided decreased pain through documentation of VAS pain scores or specific examples of how this medication is resulting in an increased level of function or improved quality of life. Continued prescribing is not medically necessary.