

<b>Case Number:</b>	CM15-0209701		
<b>Date Assigned:</b>	10/28/2015	<b>Date of Injury:</b>	12/13/2001
<b>Decision Date:</b>	12/09/2015	<b>UR Denial Date:</b>	10/15/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/26/2015

### 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: Arizona, 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 33 year old female who sustained an industrial injury on 12-13-01. A review of the medical records indicates she is undergoing treatment for status post microdiscectomy of the lumbar spine in April 2004 with failed spinal surgery syndrome, facet compromise of the lumbosacral spine, and significant exacerbation of chronic spinal pain. Medical records (5-19-15, 6-17-15, 7-15-15, 8-12-15, 9-9-15, and 10-7-15) indicate ongoing complaints of low back pain. Her pain rating was "4-5 out of 10" until 9-9-15, when it was noticed to increase to "7 out of 10". The 10-7-15 record indicates that it continues to be "7 out of 10". The treating provider indicates that she has "markedly worsened in past few months to the degree that she has neurogenic claudication after 20-50 feet, necessitating avoiding walking for even short periods of time" (9-9-15). The physical exam (10-7-15) reveals that the injured worker has difficulty getting on and off the exam table, as well as difficulty getting in and out of a chair. The provider states that she has "little spontaneous motion of the lumbar region and moves in a stiff fashion". Muscle strength is noted to be "3 out of 5" of the right foot plantar flexors, inverters, everters, dorsiflexors, and gluteal muscles. Tenderness is noted across the lumbosacral area of the spine with muscle spasm along the paraspinous area. The treating provider states she "does maintain strength testing of both lower extremities rated 5 out of 5". Right patellar and Achilles reflexes are "1 out of 4". Decreased sensation is noted at the L4 and L5 dermatome on the right. The straight leg raise test is positive on the left at 30 degrees with pain radiating to the left buttocks and posterior thigh. The right side is positive at 35 degrees with pain radiating to the right buttocks, posterior thigh and medial leg. Diagnostic studies have

included an MRI of the lumbar spine in 2012 and on 10-5-15. Treatment has included medications and aqua therapy. Her medications include Ibuprofen, Inderal, Medrol Pak, Methadone, Norco, Xanax, and Zanaflex. She has been receiving Norco since, at least, 5-19-15. The utilization review (10-15-15) includes a request for authorization of Norco 10-325mg #240 for 30-day supply MED 80. The request was modified to a quantity of 180 for weaning to no more than 120 MED.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Norco tab 10/325mg Qty: 240 for 30 days supply MED 80: Upheld**

**Claims Administrator guideline:** Decision based on MTUS General Approaches 2004, Section(s): Initial Approaches to Treatment, and Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use, Opioids for chronic pain, Opioids, dosing, Weaning of Medications.

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

**Decision rationale:** Norco is a short acting opioid used for breakthrough pain. According to the MTUS guidelines, it is not indicated as 1st line therapy for neuropathic pain, and chronic back pain. It is not indicated for mechanical or compressive etiologies. It is recommended for a trial basis for short-term use. Long-term use has not been supported by any trials. In this case, the claimant had been on Norco for a year without significant improvement in baseline pain or function. Pain reduction attributed to the Norco is unknown. There was no mention of Tylenol, NSAID, Tricyclic or weaning failure. The continued use of Norco is not medically necessary.