

<b>Case Number:</b>	CM15-0027796		
<b>Date Assigned:</b>	02/20/2015	<b>Date of Injury:</b>	11/24/2001
<b>Decision Date:</b>	03/31/2015	<b>UR Denial Date:</b>	02/04/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/13/2015

### 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, Indiana, New York  
Certification(s)/Specialty: Internal Medicine

### 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 64 year old male, who sustained an industrial injury on 11/24/01. He has reported back pain. The diagnoses have included status post L4-S1 fusion, left sacroiliitis, facet arthritis and degenerative disc disease L2-3 and L3-4 and chronic low back pain. Treatment to date has included oral medications (Norco, Gabapentin, Trazodone, Linzess and Effexor), Duragesic patches, physical therapy, acupuncture, lumbar fusion, and 6 epidural steroid injections and left sacroiliac joint injection. Currently, the injured worker complains of worsening low back and left hip pain. Progress report dated 1/12/15 revealed the medications allow him to increase his walking distance by 30 minutes. Physical exam noted tenderness to palpation of left lumbar paraspinals, moderately decreased flexion and moderately decreased extension with positive face challenge at lumbar spine bilaterally. On 2/4/15 Utilization Review submitted a modified certification for Norco 10/3325mg #120 modified to #90, noting the modified certification is for weaning purposes. The MTUS, ACOEM Guidelines, was cited. On 2/8/15, the injured worker submitted an application for IMR for review of Norco 10/3325mg #120 modified to #90.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 10/325mg 1 tab q 4 hrs #120:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines  
Page(s): 81.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opiates  
Page(s): 74-96. Decision based on Non-MTUS Citation Pain section, Opiates

**Decision rationale:** Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Norco 10/325 mg 1 every four hours, #120 is not medically necessary. Ongoing, chronic opiate use requires an ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. A detailed pain assessment should accompany ongoing opiate use. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function or improve quality of life. The lowest possible dose should be prescribed to improve pain and function. In this case, the injured worker's working diagnoses are s/p L4 - S1 fusion; left sacroiliitis; facet arthritis and degenerative disc disease; and chronic low back pain. Subjectively, in a progress note dated January 12, 2015, the injured worker complains of low back pain radiating to the left hip 7-9/10. Medications include Duragesic patch 50mcg one to skin Q 48H; Norco 10/325 one PO QID; gabapentin; Linzess; Prilosec; and trazodone. Objectively, there is tenderness palpation over the lumbar spine paraspinals (left). There were no other neurologic findings in the medical record. On the musculoskeletal examination straight leg raising was negative on the right. However, back pain was increased with positive straight leg raising on the left. A June 30, 2014 progress note shows the injured worker was taking #8 Norco per day that was reduced to one every 12 hours. Over the subsequent months, August 25, 2014 and October 20, 2014 through the present the injured worker's Norco requirements fluctuated with seven Norco per day in August 2014, six Norco per day in October 2014 and, presently, on January 12, 2015 the treating physician is prescribing Norco QID. Subjectively, however, the injured worker is having significant pain. There is no documentation of consistent objective functional improvement with Norco. Consequently, absent clinical documentation with consistent objective functional improvement and consistent subjective functional improvement without a risk assessment and detailed pain assessments, Norco 10/325 mg 1 every four hours, #120 is not medically necessary.