

<b>Case Number:</b>	CM15-0218038		
<b>Date Assigned:</b>	11/09/2015	<b>Date of Injury:</b>	05/09/1998
<b>Decision Date:</b>	12/21/2015	<b>UR Denial Date:</b>	10/13/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/05/2015

### 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 70-year-old male who sustained an industrial injury on 05-09-1998. According to the most recent progress report submitted for review and dated 10-05-2015, the injured worker reported pain intensity as 2-6 out of 10. He was starting to feel back to normal. He continued to take Norco 10-325 mg but only needed to take two tablets a day since the surgery instead of three tablets. His symptoms were "well controlled." He reported improved standing and walking tolerance. He had not returned to work and had been on social security disability since he was 62 years of age. Past surgical history included laminectomy, arthrodesis and lumbar epidurals. Current medications included Norco 10-325 mg three times a day, Neurontin, Flexeril, Metformin, Glipiside, Lisinopril and Propranolol. MRI of the lumbar spine on 11-25-2014 demonstrated slight overall decrease in the degree of canal stenosis seen at L2-3, however there remained a significant mass effect from the left paracentral protrusion superimposed upon broad based disc bulge at this level, canal stenosis and high grade at L3-4 unchanged, multilevel foraminal narrowing was stable and no change overall in spinal alignment. Diagnoses included lumbar disc displacement, sciatica, sprain lumbar region and lumbar radiculopathy. The treatment plan included continuation of Norco 10-325 mg twice a day, increase Neurontin, continue Flexeril, continue Trazodone and add Dendracin cream, continue home exercise and use ice and heat as needed. Follow up was indicated in 4 weeks. Documentation submitted for review showed use of Norco dating back to February 2015. Urine toxicology reports were not submitted for review. On 10-13-2015, Utilization Review non-certified the request for Norco 10-325mg, 1 by mouth three times daily #90, with no refills prescribed 10-05-15. The request for Gabapentin was authorized.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 10/325mg, 1 by mouth three times daily #90, with no refills (prescribed 10/05/15):**  
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, Weaning of Medications.

**Decision rationale:** The claimant has a remote history of a work injury occurring in May 1998 and has undergone multiple lumbar surgeries. He had emergent surgery performed in July 2014 and again in December 2014. Recent treatments include physical therapy with completion of six sessions as of June 2015. When seen in October 2015 he continued to have low back pain. He had pain rated at 2-6/10. He was taking Norco but only needed to take it two times per day instead of three times per day since surgery. Physical examination findings included decreased lumbar spine range of motion. There was decreased right lower extremity sensation. The report references continuing Norco 10/325 mg at two times per day. Norco 10/325 mg #90 was prescribed. 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 or specific examples of how this medication is resulting in an increased level of function or improved quality of life. Additionally, rather than weaning, the quantity being requested is in excess of reported actual use. Continued prescribing is not considered medically necessary.