

<b>Case Number:</b>	CM15-0221046		
<b>Date Assigned:</b>	11/16/2015	<b>Date of Injury:</b>	08/26/2007
<b>Decision Date:</b>	12/30/2015	<b>UR Denial Date:</b>	11/04/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/10/2015

### 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: Indiana, California

Certification(s)/Specialty: Preventive Medicine, Occupational 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 63 year old female who sustained an industrial injury on 08-26-2007. A review of the medical records indicated that the injured worker is undergoing treatment for osteoarthritis of the spinal facet joint and degeneration of the lumbar intervertebral disc. According to the treating physician's progress report on 10-06-2015, the injured worker continues to experience chronic lumbar and bilateral leg pain rated as 8 out of 10 on the pain scale with and without medications. Examination of the lumbar spine demonstrated mild tightness across the lumbosacral area. Flexion and lateral bending was 70% restricted due to tightness. The injured worker was unable to extend due to tightness. Straight leg raise and Patrick's were negative. Motor strength and deep tendon reflexes were grossly normal. Dysesthesia to the legs was intermittent. Hypoesthesia was noted in the bilateral feet. Prior treatments have included diagnostic testing studies, psychotherapy treatment and recent bilateral L4, L5, sacral ala and S1 medial branch facet injections on 06-09-2015. Current medications were listed as Norco (since at least 03-2015), Ibuprofen and Cyclobenzaprine. Treatment plan consists of continuing heat, ice, rest, gentle stretching, exercise, medication regimen and the current request for Norco 10mg-325mg #90. On 11-04-2015 the Utilization Review determined the request for Norco 10mg-325mg #90 was not medically necessary.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 10/325mg #90:** 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 for neuropathic pain, Opioids for osteoarthritis, Opioids, cancer pain vs. nonmalignant pain, Opioids, dealing with misuse & addiction, Opioids, differentiation: dependence & addiction, Opioids, dosing. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper Back (Acute and Chronic), Low Back - Lumbar & Thoracic (Acute & Chronic), Shoulder, Pain, Opioids.

**Decision rationale:** ODG does not recommend the use of opioids for neck, low back, and shoulder pain except for short use for severe cases, not to exceed 2 weeks. The patient has exceeded the 2 week recommended treatment length for opioid usage. MTUS does not discourage use of opioids past 2 weeks, but does state that ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. The treating physician does not fully document the least reported pain over the period since last assessment, intensity of pain after taking opioid, pain relief, increased level of function, or improved quality of life. Additionally, medical documents indicate that the patient has been on Norco since 3/2015, in excess of the recommended 2-week limit. As such, the request for Norco is not medically necessary.