

<b>Case Number:</b>	CM15-0224566		
<b>Date Assigned:</b>	11/20/2015	<b>Date of Injury:</b>	10/13/2010
<b>Decision Date:</b>	12/30/2015	<b>UR Denial Date:</b>	10/30/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/16/2015

### 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 55-year-old male who sustained an industrial injury on 10-13-2010. Medical records indicate the injured worker is being treated for cervical pain with radiculitis, cervical sprain-strain, headaches, right shoulder pain, and lumbosacral pain with sciatica. Per the treating physician's report dated 10-5-2015 the injured worker continues to complain of constant severe lumbar spine pain which he rates at 8 out of 10 and is associated with aching, sharp, piercing pain, cramping, tight, numbness, tingling, and prickling sensation. The injured worker also reports weakness and soreness and states his condition remains the same since his last examination on 8-28-2015. The injured worker states on 10-5-2015 that he is currently taking Norco 10-325mg 5 tablets a day and Lorazepam 1mg tablet a day and reports the medications have some benefit to him such as he is able to do better with housework, bathing and self-care, cooking and dishes, dressing, and laundry. He also reports improved participation in home exercise program and improved sleep pattern. Per the physical exam on 10-2-2015 the injured worker's lumbar spine reveals tenderness over the L4-L5 spinous processes and tenderness with spasm and muscle guarding is also present over the bilateral paralumbar musculature and bilateral quadratus lumborum. His range of motion flexion is 40 degrees with pain, extension is 15 degrees, right lateral and left lateral bending is 15 degrees and his straight leg raising test and Kemp's test are positive bilaterally. The treating physician lists the injured worker as temporarily totally disabled. The urine drug screen dated 10-5-2015 was positive for Hydrocodone, Hydromorphone, Alpha-Hydroxyalprazolam, Zolpidem, and Duloxetine. Treatment to date for the injured worker includes right shoulder surgery on 12-28-2010 and on 1-16-2013,

approximately 8 postop physical therapy sessions, home exercise program, approximately 10 epidural steroid injection into his lumbosacral spine (reported beneficial and provided 90 percent relief), and medications including Norco 10-325mg (dating back to at least November 2014), Ambien 10mg, Ativan 1mg, Omeprazole 20mg, Theramine, Sentra PM, Sentra AM, Gabadone, Trepadone and B12 injection. The UR decision dated 10-30-2015 modified the request for Norco tab 10-325mg quantity 120 for 30 days to allow the injured worker this one refill of Norco tab 10-325mg quantity 120 for the purpose of weaning to discontinue with a reduction of MED by 10-20 percent per week over a weaning period of 2-3 months.

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

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

**Norco tab 10-325 mg #120 for 30 days: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain chapter.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids for chronic pain. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Opioids.

**Decision rationale:** Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Norco 10/325mg #120, 30 days 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 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. Discontinuation of long-term opiates is recommended in patients with no overall improvement in function, continuing pain with evidence of intolerable adverse effects or a decrease in functioning. The guidelines state the treatment for neuropathic pain is often discouraged because of the concern about ineffectiveness. In this case, the injured worker's working diagnoses are lumbar spine musculoligamentous sprain strain; status post right shoulder arthroscopy; and cervical spine musculoligamentous sprain strain and headaches. Date of injury is October 13, 2010. Request for authorization is October 5, 2015. According to the utilization review, the earliest Norco prescription was dated November 2014, but was likely prescribed prior to that date. Serial progress notes by the requesting provider do not list medications. Medications were managed and prescribed by a pain management provider. A pain management provider progress note dated May 11, 2015 showed the current medicines included Norco 10/325mg, Ambien, Ativan and omeprazole. According to an October 5, 2015 progress note, subjective complaints included lumbar spine pain 8/10 with numbness tingling and weakness. The worker took Norco 10/325mg, five tablets per day with some benefit. The injured worker is engaged in a home exercise program. Objectively, there was tenderness over the L4 - L5 spinous processes of spasm and guarding. Range of motion was decreased and it was positive strictly raising. Earlier documentation indicates the pain management provider was managing medications. According to the October 5, 2015 progress note, it appears the treating provider is refilling the injured workers medications. It is unclear

whether two providers are prescribing medications including opiates, sleep medications and benzodiazepines to the injured worker. The documentation does not demonstrate objective functional improvement. There were no detailed pain assessments or risk assessments by the treating provider. There is no documentation demonstrating an attempt to wean Norco. Based on clinical information in the medical record, peer-reviewed evidence-based guidelines, no documentation demonstrating objective functional improvement, documentation indicating two providers are managing and prescribing prescription medications, no detailed pain assessments or risk assessments and no attempt at weaning, Norco 10/325mg # 120, #30 days is not medically necessary.