

<b>Case Number:</b>	CM15-0041722		
<b>Date Assigned:</b>	03/11/2015	<b>Date of Injury:</b>	08/03/2004
<b>Decision Date:</b>	04/16/2015	<b>UR Denial Date:</b>	02/17/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/05/2015

### 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: California

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 66 year old male, who sustained an industrial injury on August 3, 2004. The injured worker was diagnosed as having lumbar spondylosis without myelopathy, chronic right S1 radiculopathy, axial low back pain, myofascial pain syndrome, lumbar facet pain and chronic pain syndrome. Treatment to date has included injection therapy, acupuncture and medications. Currently, the injured worker complains of neck, shoulder and bilateral lower extremity pain. He reports a cramping sensation in the right lower limb in particular. He reports that his pain is 8-9 on a 10 point scale and reports that trigger point injections decreased some of his pain in the past. His treatment plan includes medications of Norco, nortriptyline, venlafaxine, Lidoderm patches and Senna. Provider reports that, with use of Norco, pain goes from 10 to 4, there is no aberrant behavior, UDS was "within normal limits," he has been compliant with medication, and functionality increases with opioids, specifically standing and walking tolerance increases by 50% with no adverse side effects.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 5/325mg Qty: 60:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids for chronic pain Page(s): 80.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page(s): 44, 47, 75-79, 120 of 127.

**Decision rationale:** Regarding the request for Norco (hydrocodone/acetaminophen), California Pain Medical Treatment Guidelines state that this is an opiate pain medication. Due to high abuse potential, close follow-up is recommended with documentation of analgesic effect, objective functional improvement, side effects, and discussion regarding any aberrant use. Guidelines go on to recommend discontinuing opioids if there is no documentation of improved function and pain. Within the documentation available for review, there is indication that the medication is improving the patient's function and pain with no side effects and no aberrant use. In light of the above, the currently requested Norco (hydrocodone/acetaminophen) is medically necessary.