

<b>Case Number:</b>	CM15-0044411		
<b>Date Assigned:</b>	03/17/2015	<b>Date of Injury:</b>	01/10/2007
<b>Decision Date:</b>	04/22/2015	<b>UR Denial Date:</b>	02/11/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/10/2015

### 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: New Jersey, Michigan, California  
 Certification(s)/Specialty: Neurology, Neuromuscular 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 41 year old male, who sustained an industrial injury on 1/10/2007. He was diagnosed as having lumbar degenerative joint disease. Treatment to date has included diagnostic testing including EMG (electromyography) and magnetic resonance imaging (MRI), medications and modified activity. Per the Primary Treating Physician's Progress Report dated 11/06/2014, the injured worker reported stabbing pain in his back shooting down his left leg. He rates his pain as 9-10/10 using a visual analog scale. He rates the pain as 4/10 with medications. He reports a 50% reduction in pain with medications and declines surgical intervention at this time. Physical examination revealed antalgic posture. There is rigidity to palpation in the lumbar trunk with loss of lordotic curve suggesting muscle spasm. He can flex 30 degrees, extend 10 degrees. Right and left straight leg raise are both positive at 80 degrees causing left sided back pain. There is sensory loss in the left lateral calf and bottom of his foot. The plan of care included refill Norco 10/325mg. Urine drug screens are noted to be appropriate and he is under a pain contract. On 11/10/2014, authorization was requested for Norco 10/325mg #120.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 10/325mg quantity 120:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids; Long Term Users of Opioids (6 months or more).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of opioids Page(s): 76-79.

**Decision rationale:** According to MTUS guidelines, Norco (Hydrocodone/Acetaminophen) is a synthetic opioid indicated for the pain management but not recommended as a first line oral analgesic. In addition and according to MTUS guidelines, ongoing use of opioids should follow specific rules: “(a) Prescriptions from a single practitioner taken as directed, and all prescriptions from a single pharmacy. (b) The lowest possible dose should be prescribed to improve pain and function. (c) Office: Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non adherent) drug-related behaviors. These domains have been summarized as the "4 A's" (analgesia, activities of daily living, adverse side effects, and aberrant drug taking behaviors). The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework.” According to the patient file, there is no objective documentation of pain and functional improvement to justify continuous use of Norco. Norco was used for longtime without documentation of functional improvement or evidence of return to work or improvement of activity of daily living. Therefore, the prescription of Norco 10/325mg #120 is not medically necessary.