

<b>Case Number:</b>	CM15-0046036		
<b>Date Assigned:</b>	03/18/2015	<b>Date of Injury:</b>	08/01/2012
<b>Decision Date:</b>	04/24/2015	<b>UR Denial Date:</b>	03/02/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/11/2015

### 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

### 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 (IW) is a 46 year old female who sustained an industrial injury on 08/01/2012. She reported low back pain with radiation to the left lower extremity. The injured worker was diagnosed as having lumbar disc disease, post-op lumbar discectomy, lumbar radicular symptoms, and depressive symptoms. Treatment to date has included oral pain medications and 6 acupuncture sessions which were reported to reduce low back pain. The IW had a lumbar discectomy in 2000. Currently, the injured worker complains of low back pain, left worse than right - constant, aching, burning sensation with radicular symptoms. The treatment plan includes use of a heating pad for low back pain and stiffness, request a neurosurgeon consult for possible LESI (lumbar epidural steroid injection), request MRI of the lumbar spine to re-assess recurrent post-op disc herniation, request 6 additional acupuncture for low back due to previous treatment benefits, and refill Norco 5/325, discuss with IW weaning off of opioid and increase home exercise, and continue gabapentin. Norco 5/325mg #60 with no refills was requested.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 5/325mg #60 with no refills:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines CRITERIA FOR USE OF OPIOIDS Page(s): 76-78, 88-89, 90.

**Decision rationale:** The 45 year old patient complains of pain in the lower back, rated at 8/10, that radiates to the left buttock extending to the foot, as per progress report dated 02/17/15. The request is for NORCO 5/325 mg # 60 WITH NO REFILLS. There is no RFA for this case, and the patient's date of injury is 08/01/12. The patient is status post lumbar discectomy in 2000 and has been diagnosed with lumbar disc disease, lumbar radicular symptoms, and depressive symptoms, as per progress report dated 02/17/15. The patient is not working, as per the same progress report. MTUS Guidelines pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. MTUS p90 states, "Hydrocodone has a recommended maximum dose of 60mg/24hrs." In this case, a prescription for Norco is first noted in progress report dated 10/14/14, and the patient has been taking the medication consistently at least since then. In progress report dated 02/17/15, the treating physician states that Norco help pain relief 70%. In a prior report dated 01/19/15, the physician states that norco relieve the pain from 6/10 to 4/10 no GI side effect. The report dated 02/17/15 also states discuss pt to wean of opioid. The physician, however, does not use a validated scale to demonstrate a measurable increase function due to Norco use. Additionally, no UDS or CURES reports are available for review. MTUS guidelines require a clear discussion regarding the 4As, including analgesia, ADLs, adverse side effects, and aberrant behavior, for opioid use. Hence, this request IS NOT medically necessary.