

<b>Case Number:</b>	CM15-0083427		
<b>Date Assigned:</b>	05/05/2015	<b>Date of Injury:</b>	07/30/2013
<b>Decision Date:</b>	06/10/2015	<b>UR Denial Date:</b>	04/14/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/01/2015

### 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: 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 43 year old male, who sustained an industrial injury on 7/30/13. He has reported initial complaints of low back injury after lifting several 60 pound boxes and he felt a pulling sensation in the lower back. The diagnoses have included lumbosacral strain/sprain with radicular symptoms and lumbar disc herniation with annular tear. Treatment to date has included medications, activity modifications, epidural steroid injection (ESI) without significant improvement, diagnostics, and physical therapy. The diagnostic testing that was performed included Magnetic Resonance Imaging (MRI) of the lumbar spine dated 10/7/13 which revealed lumbar protrusion with disc bulge, decreased disc height, disk desiccation and osteophytes. Currently, as per the physician progress note dated 4/3/15, the injured worker complains of ongoing low back pain with intermittent radicular symptoms. He uses two Norco and two Aleve per day to manage the pain. He reports increased low back pain after about five hours of working. He received an epidural steroid injection (ESI) approximately 1-2 months ago with temporary pain relief. The objective findings revealed positive left side lumbar tenderness in the paraspinal area and left sacroiliac joint. There is decreased flexion and extension noted with range of motion. Treatment plan was that he will undergo lumbar facet block injections later in the month, increase Norco to three times a day as needed, and follow up in 2-3 months. Work status was permanent and stationary, return to full duty on 4/3/15 with no limitations or restrictions. The physician requested treatment included Norco 5/325mg #180 for the lumbar spine.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 5/325mg #180 for the lumbar spine:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page 74-96. Hydrocodone/Acetaminophen Page 91.

**Decision rationale:** Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines (page 89) present the strategy for maintenance for long-term users of opioids. Do not attempt to lower the dose if it is working. Supplemental doses of break-through medication may be required for incidental pain, end-of dose pain, and pain that occurs with predictable situations. The standard increase in dose is 25 to 50% for mild pain and 50 to 100% for severe pain. Actual maximum safe dose will be patient-specific and dependent on current and previous opioid exposure, as well as on whether the patient is using such medications chronically. Hydrocodone/Acetaminophen (Norco) is indicated for moderate to moderately severe pain. MRI of the lumbar spine dated 10/07/13 demonstrated mild decreased disk height, disk desiccation, with anterolateral osteophytes noted at the L3-L4 level. There is associated mild narrowing of the right L3 neural foramen. Anterolateral osteophytes at the L4-L5 level with associated mild narrowing of the right L4 neural foramen. Disk desiccation with a one mm diffuse disk bulge noted at the L5-S1 level without thecal sac or nerve root compression. Decreased disk height, disk desiccation, with anterolateral osteophytes noted at the T11-T12 level. Primary treating physician's progress report dated April 03, 2015 documented lower back pain with radicular symptoms. The patient is using Norco and Aleve to manage his pain. The patient states he received an epidural 1-2 months ago, which provided temporary pain relief. Diagnoses were lumbar disc herniation L5-S1 with annular tear, and lumbosacral sprain with radicular symptoms. The patient is scheduled to undergo lumbar facet block injections later this month. Medical records document objective physical examination findings. Medical records document regular physician clinical evaluations and monitoring. Per MTUS, Hydrocodone / Acetaminophen (Norco) is indicated for moderate to moderately severe pain. The request for Norco (Hydrocodone/Acetaminophen) is supported by the MTUS guidelines. Therefore, the request for Norco 5/325 mg is medically necessary.