

<b>Case Number:</b>	CM15-0086993		
<b>Date Assigned:</b>	05/11/2015	<b>Date of Injury:</b>	05/15/2014
<b>Decision Date:</b>	06/11/2015	<b>UR Denial Date:</b>	04/14/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/06/2015

### 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: Iowa

Certification(s)/Specialty: Preventive Medicine, Occupational 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 62 year old male, who sustained an industrial injury on May 15, 2014. The injured worker was diagnosed as having lumbosacral strain and lumbar and lumbosacral disc degeneration and lumbosacral spondylosis. Treatment and diagnostic studies to date have included medication. A progress note dated March 26, 2015 indicates the injured worker complains of low back pain radiating to both legs and worsening for the past few weeks. He rates the pain 4/10 with medication and 8/10 without medication. Physical exam notes lumbosacral weakness and numbness, lumbar tenderness with spasm and decreased range of motion. MRI and x-rays were reviewed and indicate degenerative spondylolisthesis at L4/5 and L5/S1. The treatment plan includes epidural steroid injection, lab work, physical therapy and norco 10/325mg.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco Hydrocodone/APAP (acetaminophen) 10/325mg, #90:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Hydrocodone Page(s): 74-96, 51. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Opioids.

**Decision rationale:** Norco is an opioid class pain medication containing hydrocodone/acetaminophen. According to MTUS guidelines, opioids are indicated mainly for osteoarthritis only after first-line conservative options have failed, and should include clear improvement in pain and functional status for continued use. There is limited evidence to support long-term use for back or other musculoskeletal pain. MTUS also states that ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects should occur and an improved response to treatment should be observed. MTUS recommends discontinuing therapy if there is no improvement in pain or function. ODG does not recommend the use of opioids for musculoskeletal pain except for short use for severe cases, not to exceed two weeks. The medical documentation indicates the patient has been on this medication for an extended period of time, exceeding the two-week recommendation for treatment length. There is no evidence of failure of first-line therapy or an indicated primary diagnosis. The treating physician does document urine drug screens and pain level. The most recent documentation indicates that the patient has improved pain (8 to 4) on medications, but the patient also states the pain has worsened recently. There is also no documentation regarding specific functional improvement. Therefore, the request for Norco 10/325 mg #90 is not medically necessary at this time.