

<b>Case Number:</b>	CM15-0088858		
<b>Date Assigned:</b>	07/17/2015	<b>Date of Injury:</b>	04/24/2006
<b>Decision Date:</b>	09/11/2015	<b>UR Denial Date:</b>	04/22/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/08/2015

### 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 York

Certification(s)/Specialty: Anesthesiology

### 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 48 year old male, who sustained an industrial injury on April 24, 2006. The mechanism of injury was a slip and fall in which the injured worker sustained neck, thoracic and lumbar spine injuries. The injured worker was also noted to have a prior date of injury of 8/5/2002 in which he sustained injuries to the thoracic spine, lumbar spine and fingers on the right hand. The diagnoses have included cervical spine sprain, thoracic myofascitis, lumbosacral sprain, cervical disc disorder with myelopathy, intractable lumbar pain, chronic pain, lumbar radiculopathy, sleep apnea, gastritis, gastroesophageal reflux disease, a history of a peptic ulcer, depression and anxiety. Treatment and evaluation to date has included medications, radiological studies, MRI, electrodiagnostic studies, injections, right carpal tunnel release, inguinal hernia repair and lumbar surgery. Work status was noted to be temporarily totally disabled. Current documentation dated March 31, 2015 notes that the injured worker reported severe low back pain which reached pain levels of 9/10 on the visual analogue scale. Other subjective complaints included epigastric burning pain, neck pain, bilateral foot pain and depression. The injured worker also noted a prior fall in which he sustained a right elbow injury. The injured worker was noted to require a cane for ambulation. Physical examination revealed mild generalized abdominal and epigastric tenderness. Objective findings included a positive H. Pylori test. An upper endoscopy revealed a gastric ulcer. Examination of the lumbar spine was not provided. The treating physician's plan of care included a request for Norco 10/325 mg # 60.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 10/325 mg Qty 60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78-80, 91, and 124.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-96.

**Decision rationale:** According to the CA MTUS and ODG, Norco 10/325mg (Hydrocodone/Acetaminophen) is a short-acting opioid analgesic indicated for moderate to moderately severe pain, and is used to manage both acute and chronic pain. The treatment of chronic pain with any opioid analgesic requires review and documentation of pain relief, functional status, appropriate medication use, and side effects. A pain assessment should include current pain, intensity of pain after taking the opiate, and the duration of pain relief. In this case, there is insufficient evidence that the opioids were prescribed according to the CA MTUS guidelines, which recommend prescribing according to function, with specific functional goals, return to work, random drug testing, an opioid contract, and documentation of a prior failure of non-opioid therapy. In addition, the MTUS recommends urine drug screens for patients with poor pain control and to help manage patients at risk of abuse. In this case, Norco has been prescribed for the injured worker for a prolonged period of time. The injured worker was noted to have ongoing symptoms with consistently high levels of pain. No functional improvement as a result of the use of Norco was noted. The documentation shows no change in work restrictions for this injured worker with use of Norco. There was no documentation of improvement in specific activities of daily living as a result of use of Norco. Due to lack of detailed pain assessment, lack of documentation of improvement in pain and lack of documentation of functional improvement, the request for Norco is not medically necessary.