

<b>Case Number:</b>	CM15-0234689		
<b>Date Assigned:</b>	12/10/2015	<b>Date of Injury:</b>	03/30/2015
<b>Decision Date:</b>	01/14/2016	<b>UR Denial Date:</b>	11/19/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/01/2015

### 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: New Jersey

Certification(s)/Specialty: Family Practice

### 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 55 year old male who sustained an industrial injury on March 30, 2015. Medical records indicated that the injured worker was treated for low back pain. Medical diagnoses include lumbar degenerative joint disease and degenerative disc disease and lumbar radiculitis and radiculopathy. In the provider notes dated November 5, 2015 the injured worker complained of low back pain radiating down left lower extremity associated with weakness in both legs. He rates his pain 6-9 on the pain scale. His pain is aggravated by prolonged walking or sitting, reaching, kneeling, bending backward, stooping, crawling, lifting and carrying. He states he can lift or carry items weighing less than 20 pounds. His pain is relieved with rest, lying down and bracing the affected area, and leaning forward on something for support. On exam, the documentation stated there was tenderness to palpation over the lumbar paraspinal musculature with spasms bilaterally. Range of motion was decreased. The facet maneuver test was positive on the right. "Single leg raise is positive in the seated and supine position to 65 degrees over the left leg." Sensory was diminished in the right lower extremity L5 dermatome. The treatment plan is for medication refills. A Request for Authorization was submitted for Norco 10-325 mg #60. The Utilization Review dated November 19, 2015 non-certified the 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 10/325mg #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use, Opioids, long-term assessment.

**Decision rationale:** The MTUS Chronic Pain Medical Treatment Guidelines state that opioids may be considered for moderate to severe chronic pain as a secondary treatment, but require that for continued opioid use, there is to be ongoing review and documentation of pain relief, functional status, appropriate medication use with implementation of a signed opioid contract, drug screening (when appropriate), review of non-opioid means of pain control, using the lowest possible dose, making sure prescriptions are from a single practitioner and pharmacy, and side effects, as well as consultation with pain specialist if after 3 months unsuccessful with opioid use, all in order to improve function as criteria necessary to support the medical necessity of opioids. Long-term use and continuation of opioids requires this comprehensive review with documentation to justify continuation. In the case of this worker, there was insufficient reporting of this review regarding Norco, which was used to help reduce pain related to the injury. In particular, there was no recent mention of functional gains and pain level reduction related to ongoing Norco use to help justify its continuation. Therefore, without more clearly documented evidence of benefit and appropriate use, this request for Norco is not medically necessary.