

<b>Case Number:</b>	CM14-0125506		
<b>Date Assigned:</b>	09/25/2014	<b>Date of Injury:</b>	07/03/2011
<b>Decision Date:</b>	10/27/2014	<b>UR Denial Date:</b>	07/12/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/07/2014

### 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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation, and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 53-year-old female who sustained an injury on 07/03/11. On 03/24/14, she complained of low back pain and right and left leg pain. She had right lower extremity weakness and SI joint pain bilaterally. She felt that the bilateral lower back pain was worsening. Back and leg pain was described as frequent to constant, moderate, aching, stabbing, numbness, burning, pins and needles. She complained of SOB, headache and dizziness. On L-spine exam, gait was slightly antalgic; there was lumbar lordosis, and tenderness to palpation over the SI joints bilaterally. ROM was limited secondary to pain with flexion 40%, extension 40%, and side to side bending 60% of normal. SLR at 90 degrees caused low back pain and it radiating into the right leg. Sacroiliac joints were tender to palpation. There was positive faber bilaterally in SI joints. EMG/NCV dated 06/01/13 revealed chronic right L5 and right S1 radiculopathy. MRI of the lumbar spine dated 06/18/13 indicated foraminal stenosis at LS-S1. Her current medications include Norco and Lyrica. Past treatments have included anti-inflammatory medications, physical therapy, chiropractic treatments, ESI, pain medications, and right SI joint injection on 10/01/13, which helped temporarily. Diagnoses include sacroiliitis with sacroiliac joint inflammation, status post L5-S1 fusion, neuropathic right leg pain, spondylolisthesis at L5-S1, and status post removal of posterior hardware (lumbar). The request for Norco 10/325 mg, #120 with 3 refills was modified to Norco, #120 for a 30-day period without any refill.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 10/325mg, qty 120 with 3 refills:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-97.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Page(s): 91, 74.

**Decision rationale:** Norco (Hydrocodone + Acetaminophen) is indicated for moderate to severe pain. It is classified as a short-acting opioids, often used for intermittent or breakthrough pain. Guidelines indicate "four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids; pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or nonadherent) drug-related behaviors. These domains have been summarized as the "4 A's" (analgesia, activities of daily living, adverse side effects, and aberrant drug-taking behaviors)." The medical records do not establish failure of non-opioid analgesics, such as NSAIDs or acetaminophen, and there is no mention of ongoing attempts with non-pharmacologic means of pain management. The medical records do not establish failure of non-opioid analgesics, such as NSAIDs or acetaminophen. There is little to no documentation of any significant improvement in pain level (i.e. VAS) or function with prior use to demonstrate the efficacy of this medication. There is no evidence of urine drug test in order to monitor compliance. Therefore, the medical necessity for Norco has not been established based on guidelines and lack of documentation.