

<b>Case Number:</b>	CM14-0135590		
<b>Date Assigned:</b>	08/29/2014	<b>Date of Injury:</b>	04/30/2013
<b>Decision Date:</b>	09/29/2014	<b>UR Denial Date:</b>	08/01/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/22/2014

### 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 has a subspecialty in: Pain Management 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:

This is a male patient with a date of injury of April 30, 2013. A utilization review determination dated August 1, 2014 recommends not medically necessary of Norco tablets to be modified to a quantity of 30 tablets for weaning purposes. A progress note dated July 11, 2014 identifies subjective complaints of low back pain that is increasing, increased pain with basic functional activities of daily living, the patient is trying to manage with minimal medications but is having difficulty, the patient is trying to stretch daily with mild relief, the patient feels that the medications are providing relief and are providing tolerable pain levels, the patient also feels that he is able to do some things with the relief he obtains with the medications, and he is requesting a refill of his naproxen and Norco. The patient reports lumbosacral type pain with tightness, the pain is worse in the gluteus/buttocks area, he has radiation of his pain to his right foot, he is reporting numbness in his right side, his pain is worse with getting out of the car or getting out of bed, his right leg has been giving out with a sudden increase in pain, his pain is worse with walking, sitting, or standing, his pain is relieved with medications and rest, his pain level without medications is a 7/10 and with medication is a 6 - 7/10, and he denies any new symptoms or neurological changes. Physical examination identifies lumbosacral paraspinal tightness with myofascial restrictions, significant muscle spasms from the lower lumbar to the lower thoracic spine, sacroiliac joints are tender to palpation, Patrick's sign and Gaenslen's maneuver are positive on the right, range of motion is fingertips to needs, extension 210 with pain, lateral flexion bilaterally fingertips to mid-thigh, rotation bilaterally is within functional limits with pain at end range, straight leg raising is positive on the right and negative on the left, and there is trigger point tenderness in the sacroiliac joint in the right buttocks/gluteal area. Diagnoses include chronic pain syndrome, low back pain, lumbar strain, myalgia, numbness, radicular pain, lumbar degenerative disc disease, and lumbar disc pain. The treatment plan recommends a

lumbar epidural steroid injection at L5-S1, a prescription for Naproxen 550 mg #60, an increase dose of Norco from 5/325 mg to 10/325 mg secondary to increase pain levels #60 was prescribed, prescription refill for Omeprazole, and a prescription refill for Flexeril.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Norco tablets:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): Page 76-79, 120.

**Decision rationale:** Regarding the request for Norco (Hydrocodone/Acetaminophen), California Pain Medical Treatment Guidelines state that Norco is an opiate pain medication. Due to high abuse potential, close follow-up is recommended with documentation of analgesic effect, objective functional improvement, side effects, and discussion regarding any aberrant use. Guidelines go on to recommend discontinuing opioids if there is no documentation of improved function and pain. Within the documentation available for review, there is no indication that the Norco is significantly improving the patient's function or pain (in terms of percent reduction in pain or reduced NRS), no documentation regarding side effects, and no discussion regarding aberrant use. The documentation revealed that the patient's pain level without medications is a 7/10 and with medication are a 6 - 7/10. As such, the currently requested Norco is not medically necessary.