

<b>Case Number:</b>	CM15-0109957		
<b>Date Assigned:</b>	06/16/2015	<b>Date of Injury:</b>	10/28/2013
<b>Decision Date:</b>	07/17/2015	<b>UR Denial Date:</b>	06/02/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/08/2015

### 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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

### 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(n) 43 year old male, who sustained an industrial injury on 10/28/13. He reported pain in his lower back after a motor vehicle accident. The injured worker was diagnosed as having lumbago and lumbosacral spondylosis without myelopathy. Treatment to date has included an EMG/NCV of the bilateral lower extremities on 12/3/14, physical therapy, massage therapy and chiropractic treatments. Current medications include Advil and Norco since at least 2/4/15. As of the PR2 dated 4/16/15, the injured worker reports 5-6/10 pain in the lower back. Objective findings include facet tenderness at L4-L5-S1 and decreased lumbar range of motion due to pain. The treating physician requested Norco 10/325mg #90.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 10/325 mg #90 (dispensed on 5/19/15): Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines (1) Opioids, criteria for use, (2) Opioids, dosing Page(s): 76-80, 86.

**Decision rationale:** The claimant sustained a work injury in October 2013 and continues to be treated for low back pain. When seen, pain was rated at 5-6/10. There was lumbar facet tenderness with decreased and painful range of motion. Facet loading was positive. Norco (hydrocodone/acetaminophen) is a short acting combination opioid often used for intermittent or breakthrough pain. In this case, it is being prescribed as part of the claimant's ongoing management. Although there are no identified issues of abuse or addiction and the total MED is less than 120 mg per day, there is no documentation that this medication is providing decreased pain, increased level of function, or improved quality of life. Continued prescribing was not medically necessary.