

<b>Case Number:</b>	CM15-0013812		
<b>Date Assigned:</b>	02/02/2015	<b>Date of Injury:</b>	05/14/1998
<b>Decision Date:</b>	03/18/2015	<b>UR Denial Date:</b>	01/14/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/23/2015

### 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 66 year old injured female worker suffered an industrial injury on 5/14/1998. The diagnoses were lumbar post laminectomy syndrome with chronic pain, lumbar fusion and lumbar radiculopathy. The treatments were caudal injections, medications and surgery. The treating provider reported lumbar pain radiating down the left leg to the foot 7/10. The Utilization Review Determination on 1/14/2015 non-certified Norco 10/325mg #120 modified to #60 citing MTUS.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 10/325mg, 120 tablets:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Hydrocodone/Acetaminophen Page(s): 46, 75-94.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines (1) Opioids, criteria for use, p76-80 (2) Opioids, dosing, p86 Page(s): 76-80, 86.

**Decision rationale:** The claimant has a remote history of a work-related injury and continues to be treated for chronic radiating low back pain. Treatments have included a lumbar spine fusion,

epidural steroid injections, and medications. 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. There are no identified issues of abuse, addiction, or poor pain control. There are no inconsistencies in the history, presentation, the claimant's behaviors, or by physical examination. Her total MED is less than 120 mg per day which is within guideline recommendations. Therefore, the continued prescribing of Norco was medically necessary.