

<b>Case Number:</b>	CM15-0114999		
<b>Date Assigned:</b>	06/23/2015	<b>Date of Injury:</b>	05/09/2014
<b>Decision Date:</b>	07/23/2015	<b>UR Denial Date:</b>	06/10/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/15/2015

### 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 York

Certification(s)/Specialty: Emergency Medicine

### 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 39-year-old male with a reported date of injury of 05/09/2014. The injured worker's symptoms at the time of the injury include low back pain. The diagnoses include lumbar radiculopathy and back injury. Treatments to date have included pain medications and muscle relaxants. Diagnostic studies have included an MRI of the lumbar spine on 11/25/2014, which showed broad-based degenerative disc bulge, paracentral protrusion, associated annular tear, facet joint disease, moderate lateral recess stenosis, overall mild compression of the thecal sac in the midline, and a small right paracentral disc bulge. The IW also had an electrodiagnostic study of the lower extremities on 05/06/2015. The medical report dated 05/11/2015 indicates that the injured worker was there to follow-up on his low back pain. It was noted that the back pain had occurred in a persistent pattern for seven months. The back pain radiated to the lateral aspect of the right leg and was associated with back stiffness. The physical examination showed intact sensation to light touch in all extremities and intact bilateral deep tendon reflexes. His work status was documented at modified duty starting 06/02/2015. The medical report dated 06/01/2015 indicates that the injured worker reported no improvement since his last visit. He had a history of taking Norco 10/325mg, one tablet four times a day, as needed. It was noted that he started taking the Norco on 05/11/2015. The objective findings were the same as the last visit. The treatment plan included the continued use of Norco #44, as needed, with no refill; may return to modified worker duty per limitations listed; follow-up as needed; and follow-up if no improvement or if symptoms worsen.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 10/325mg, #44:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, specific drug list - Hydrocodone/Acetaminophen (Anexsia, Co-Gesic, Hycet; Lorcet, Lortab; Margesic-H, Maxidone; Norco, Stagesic, Vicodin, Xodol, Zydone; generics available); Opioids, pain treatment agreement. Decision based on Non-MTUS Citation ACOEM, Chapter 7: Independent Medical Examinations and Consultations, page 116.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use Page(s): 78-79.

**Decision rationale:** The CA MTUS Chronic Pain Guidelines indicate that on-going management for the use of opioids should include the "on-going review and documentation of pain relief, functional status, appropriate medication use, and side effects. The pain assessment should include: current pain, the least reported pain over the period since the last assessment, average pain, intensity of pain after taking the opioid, how long it takes for pain relief, and how long the pain relief lasts. The guidelines also indicate that the recommended frequency of visits while in the trial phase (first 6 months) include every 2 weeks for the first 2 to 4 months; and then at approximate 1 to 2-month intervals." The documentation did not include these items as recommended by the guidelines. In addition, there was no evidence that the injured worker returned to the office for follow-up every 2 weeks as recommended by the guidelines. The submitted request did not include dosing and frequency. Therefore, the request for Norco is not medically necessary.