

<b>Case Number:</b>	CM15-0115772		
<b>Date Assigned:</b>	06/24/2015	<b>Date of Injury:</b>	05/03/2013
<b>Decision Date:</b>	07/31/2015	<b>UR Denial Date:</b>	06/10/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/16/2015

### 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: Pennsylvania

Certification(s)/Specialty: Internal 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 61 year old female who sustained an industrial injury on 05/03/2013. She has reported subsequent left elbow, low back and right knee pain and was diagnosed with lumbar facet arthropathy, myofascial pain syndrome, chronic pain syndrome, left elbow and lumbosacral sprain/strain and internal derangement of the right knee status post arthroscopy. Treatment to date has included oral and topical pain medication, physical therapy, acupuncture and surgery. The documentation from March 2015 noted a work status of off work/temporarily totally disabled. In a progress note dated 09/22/2014, the physician notes that the injured worker was taking Norco, that the medication had not been effective and was causing abdominal pain. Norco was discontinued at this time due to abdominal pain. Norco was restarted sometime in 2015. The medication is not listed in a progress note dated 02/23/2015 but was noted as being prescribed in a 03/16/2015 progress note. In a progress note dated 05/11/2015, the injured worker complained of constant low back pain rated as 9/10 without medications and 3-4/10 with medications. Objective findings were notable for tenderness to palpation of the lumbar paraspinous region with spasms and decreased range of motion. MRI of the lumbar spine on 01/20/2014 showed 2-3 mm disc bulges at L1-L2, L2-L3, L3-L4 and L5-S1 with mild dural compression, mild facet hypertrophy and foraminal stenosis. A request for authorization of Norco 5/325 mg by mouth three times a day as needed quantity of 90 was submitted.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 5/325mg by mouth three times a day as needed quantity 90: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 91.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-96.

**Decision rationale:** As per CA MTUS guidelines, long term use of opioids is discouraged unless there is evidence of "ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life." MTUS also notes that opioids should be discontinued with evidence of intolerable adverse effects. The documentation submitted does note a reduction in pain levels from 9/10 to 3-4/10 in the most recent physician progress note, however the injured worker was also noted to be taking Ibuprofen, Cymbalta and Lidoderm patches. There was no discussion as to the specific effect of Norco on the injured worker's pain and functional status. In addition, there was no documentation of how long it takes for pain relief, average pain and how long pain relief lasts and no evidence of objective functional improvement with the use of this medication. There was no documentation of change in work status, improvement in specific activities of daily living, or decrease in frequency of office visits as a result of use of norco. There is a documented history of ineffectiveness of Norco at treating the injured worker's pain as well as intolerable side effects (abdominal pain) from Norco in the past, and there is no documentation to justify restarting this medication. Due to lack of detailed pain assessment, lack of functional improvement, and history of intolerance to and failure of norco in the past, the request for authorization of Norco 5/325 mg by mouth three times a day as needed quantity of 90 was not medically necessary.