

<b>Case Number:</b>	CM15-0116013		
<b>Date Assigned:</b>	06/24/2015	<b>Date of Injury:</b>	06/14/2005
<b>Decision Date:</b>	07/30/2015	<b>UR Denial Date:</b>	05/13/2015
<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: 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 43 year old male, who sustained an industrial injury on 6/14/2005. He reported low back and right buttock pain. The injured worker was diagnosed as having failed back surgery syndrome, low back pain and myofascial pain. Treatment to date has included medications, dorsal column stimulator. The request is for Norco. The records indicate he had been utilizing Hydrocodone 10/325 prior to December 2011. On 5/5/2015, he complained of low back pain. He reported having had difficulty getting Norco prescriptions filled, and has been paying for the medication out of his own pocket. He rated his current pain level as 3/10 with his pain level being unchanged from a previous visit. He continued to utilize the spinal cord stimulator and up to 6 Norco per day for pain management. Of note, progress notes dated in 2011 state the IW was using 4 Norco tablets per day for pain relief. Physical examination revealed a normal gait, indications of a lumbar fusion, diffuse tenderness over the low back area, and range of motion with minimal to no discomfort. The treatment plan included: Norco, and follow up in 8 weeks.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 10/325mg, #150:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for Use, Weaning of Medications.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for Use Page(s): 76-80.

**Decision rationale:** The CA MTUS Chronic Pain Medical Treatment Guidelines indicates that management of opioid therapy should include 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. The records do not demonstrate pain assessment, level of pain relief, appropriate medication use, side effects of medication, or functional benefit with the continued utilization of Norco. The IW continues to use 6 tablets of Norco per day, has requested restrictions at work and has not reported decrease use of the stimulator. Through this, the IW has not demonstrated improvement of function or adequate pain control with current regimen. Additionally, the request does not include frequency and dosing. Therefore, the request for Norco 10/325, #150 is not medically necessary.