

<b>Case Number:</b>	CM15-0116019		
<b>Date Assigned:</b>	06/24/2015	<b>Date of Injury:</b>	06/30/2011
<b>Decision Date:</b>	07/30/2015	<b>UR Denial Date:</b>	06/15/2015
<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: Arizona, Michigan

Certification(s)/Specialty: Preventive Medicine, Occupational 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 58 year old male, who sustained an industrial injury on June 30, 2011. He reported neck pain and low back pain after performing usual and customary duties as a bus driver. The injured worker was diagnosed as having intervertebral disc disorders with radiculopathy of the lumbar region, low back pain, lumbar degenerative disc disease, cervical and lumbar spondylosis and left sciatica. Treatment to date has included diagnostic studies, injections in the lumbar spine, medications, physical therapy, home exercises and work restrictions. Currently, the injured worker complains of neck pain and low back pain radiating to the right lower extremity and foot. The injured worker reported an industrial injury in 2011, resulting in the above noted pain. He was treated conservatively without complete resolution of the pain. Evaluation on January 6, 2015, revealed continued pain as noted. He reported decreased pain with the use of Norco, rating it at a 6 on a 1-10 scale with 10 being the worse. He noted worsened pain with activities and improved pain with stretching. He reported benefit with previous lumbar epidural steroid injection (LESI) however reported starting to feel an increase in pain and numbness radiating down the right leg and into the foot. He reported being able to increase exercise after the last LESI, being able to ride a stationary bike and walking 3-4 times weekly. Evaluation on April 3, 2015, revealed continued pain as noted with no radicular symptoms radiating into the lower extremities. X-ray studies of the cervical spine revealed disc degeneration and foraminal stenosis at the cervical 4-7 level, but no evidence of instability; otherwise normal disc spacing, normal lordosis and alignment, no stress fractures and no significant degenerative changes or foraminal stenosis. X-ray studies of the lumbar spine

revealed disc degeneration at the lumbar 4-5 and lumbar 5 through sacral 1 levels and no evidence of instability; otherwise normal disc spacing, normal lordosis and alignment, no stress fractures and no significant degenerative changes or foraminal stenosis. Magnetic resonance imaging of the lumbar spine in 2013 revealed similar results. Continued conservative management was recommended. Norco (hydrocodone) 10/325 mg #60 was requested.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Norco (hydrocodone) 10/325 mg #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Norco Page(s): 75, 78.

**Decision rationale:** The California MTUS Guidelines recommend short-acting opioids for the treatment of chronic pain. Norco is considered a short-acting opioid. However for continuing use of Norco for chronic pain management the four A's (analgesia, activities of daily living, adverse side effects and aberrant drug behaviors) should be well documented in measurable, objective forms. It was noted the injured worker used Norco for pain however it was not documented if the Norco improved his ability to perform activities of daily living and the analgesic effects were not noted. It was noted the injured worker responded to lumbar injections which improved the low back and lower extremity pain however there was a lack of supporting evidence that continued use of Norco was medically necessary. Norco (hydrocodone) 10/325 mg #60 is not medically necessary.