

<b>Case Number:</b>	CM15-0116406		
<b>Date Assigned:</b>	06/24/2015	<b>Date of Injury:</b>	09/10/2008
<b>Decision Date:</b>	07/23/2015	<b>UR Denial Date:</b>	06/03/2015
<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: California

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 injured worker is a 65 year old male, who sustained an industrial injury on 9/10/2008. The injured worker was diagnosed as having lumbar disc bulges, lumbar disc disease, lumbar spondylosis, right lumbar neuralgia, lumbar facet joint pain and arthropathy, opioid dependence. Non-industrial conditions included anxiety, abdominal aortic aneurysm, and hypercholesterolemia. Treatment to date has included diagnostics, lumbar epidural catheterization (L4-5 and L5-S1) with selective transforaminal right L2 nerve root injection and right L4 nerve root injection with epidurogram 4/2011), bilateral L3-4 and L4-5 lumbar facet medial branch blocks (9/2012), radiofrequency neurotomy (3/2012), bilateral S1, S2, and S3 lateral branch blocks (6/2012), radiofrequency neuroablation on 2/13/2015, and medications. Currently, the injured worker complains of lumbar spine pain, rated 8/10 (increased from previous visit), with intermittent radiation to the right lower extremity. Recent urine toxicology was documented as consistent with prescribed medications. It was noted that there have been no attempts at weaning, noting stability on current regime, functional work status, and no aberrant behavior. Current medications included Oxycodone, Norco, and Robaxin. His work status was documented as total temporary disability due to myocardial infarction, pending surgery (since at least 1/20/2015). The treatment plan included continued medications. Urine toxicology (3/19/2015) was negative for Hydrocodone and Oxycodone and on 12/22/2014 was indicative of alcohol consumption.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 10/325 mg #120:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 76-80, 91, 124.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 44, 47, 75-79, 120 of 127.

**Decision rationale:** Regarding the request for Norco, California Pain Medical Treatment Guidelines state that this is an opiate pain medication. Due to high abuse potential, close follow-up is recommended with documentation of analgesic effect, objective functional improvement, side effects, and discussion regarding any aberrant use. Guidelines go on to recommend discontinuing opioids if there is no documentation of improved function and pain. Within the documentation available for review, there is no indication that the medication is improving the patient's function or pain (in terms of specific examples of functional improvement and percent reduction in pain or reduced NRS) and no discussion regarding aberrant use. As such, there is no clear indication for ongoing use of the medication. In light of the above issues, the currently requested Norco is not medically necessary.