

<b>Case Number:</b>	CM15-0117507		
<b>Date Assigned:</b>	06/25/2015	<b>Date of Injury:</b>	04/07/2005
<b>Decision Date:</b>	07/27/2015	<b>UR Denial Date:</b>	06/01/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/18/2015

### 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 Jersey, Alabama, California  
 Certification(s)/Specialty: Neurology, Neuromuscular 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 42-year-old male, who sustained an industrial injury on 4/7/05. He has reported initial complaints of spasm and sharp shooting pain in the low back and leg. The diagnoses have included status post low back surgery, ongoing low back pain and chronic back syndrome. Treatment to date has included medications, activity modifications, off work, diagnostics, surgery, aqua therapy, consults physical therapy and other modalities. Currently, as per the physician progress note dated 4/10/15, the injured worker complains of chronic low back pain with persistent numbness in the left leg, big toe and foot. He reports weight loss, double vision, vertigo, dizziness, anxiety, depression, difficulty sleeping, joint pain, stiffness, numbness and headaches. The physical exam of the lumbar spine reveals lower lumbar scar well healed, minimal lumbar range of motion with lateral bending left and right and flexion and extension being minimal and pain with palpation of the lumbar spine. There is decreased sensation to light touch in the left leg. The current medications included Norco and Flexeril. The physician notes that he would like to review the original lumbar Magnetic Resonance Imaging (MRI). The physician requested treatment is Norco 10-325mg #150 for back pain.

### 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 Hydrocodone/Acetaminophen; Opioids, criteria for use.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of opioids Page(s): 76-79.

**Decision rationale:** According to MTUS guidelines, Norco (Hydrocodone/Acetaminophen) is a synthetic opioid indicated for the pain management but not recommended as a first line oral analgesic. In addition and according to MTUS guidelines, ongoing use of opioids should follow specific rules: "(a) Prescriptions from a single practitioner taken as directed, and all prescriptions from a single pharmacy. (b) The lowest possible dose should be prescribed to improve pain and function. (c) Office: Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non-adherent) drug-related behaviors. These domains have been summarized as the "4 A's" (analgesia, activities of daily living, adverse side effects, and aberrant drug taking behaviors). The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework". According to the patient's file, there is no objective documentation of pain and functional improvement to justify continuous use of Norco. Norco was used since at least May 2014 without documentation of functional improvement or evidence of return to work or improvement of activity of daily living. Therefore, the prescription of Norco 10/325mg #150 is not medically necessary.