

<b>Case Number:</b>	CM15-0120002		
<b>Date Assigned:</b>	06/30/2015	<b>Date of Injury:</b>	05/04/2012
<b>Decision Date:</b>	07/30/2015	<b>UR Denial Date:</b>	06/12/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/22/2015

### 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: Massachusetts

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 39 year old male who reported an industrial injury on 5/4/2012. His diagnoses, and/or impressions, are noted to include: thoracic/lumbar neuritis; lumbago; lesion of radial nerve; upper arm joint pain; and chronic pain. No current imaging studies were noted. His treatments have included medication management and rest from work. The progress notes of 6/1/2015 reported a follow-up visit for unchanged, moderate-severe pain of the thoracic/lumbar spine that radiated to the left leg; left arm pain; and anxiety. Objective findings were noted to include low back pain with positive straight leg raise and restricted range-of-motion. The physician's requests for treatments were noted to include the continuation of Norco.

### IMR ISSUES, DECISIONS AND RATIONALES

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

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

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines (1) Opioids, criteria for use (2) Opioids, dosing Page(s): 76-80, 86.

**Decision rationale:** The claimant sustained a work-related injury in May 2012 and continues to be treated for radiating left arm and leg pain and left ankle pain. When seen, pain was rated at 8/10. There was decreased lumbar spine range of motion with positive straight leg raising. Norco, Soma, and Xanax were prescribed. Norco (hydrocodone/acetaminophen) is a short acting combination opioid often used for intermittent or breakthrough pain. In this case, it is being prescribed as part of the claimant's ongoing management. Although there are no identified issues of abuse or addiction and the total MED is less than 120 mg per day, there is no documentation that this medication is providing decreased pain, increased level of function, or improved quality of life. Continued prescribing was not medically necessary.