

<b>Case Number:</b>	CM15-0120011		
<b>Date Assigned:</b>	06/30/2015	<b>Date of Injury:</b>	12/15/2014
<b>Decision Date:</b>	07/30/2015	<b>UR Denial Date:</b>	06/06/2015
<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 (IW) is a 40 year old male who sustained an industrial injury on 12/15/2014. He reported low back pain incurred when the truck he was driving for work hit a pothole. The injured worker was diagnosed as having lumbar strain/sprain, and lumbar degenerative disc disease. Treatment to date has included medications and tests. A MRI of 02/16/2015 revealed mild to moderate neural foraminal narrowing related to foraminal annular bulging and facet hypertrophy L3-4 and L4-5. Sprains and strains of lumbosacral (joint) (ligament), sciatica, and muscle spasm. Currently, the injured worker complains of pain that is unchanged rated 8/10 without medications and 5/10 with Norco. The last urine test was positive for Norco and Percocet. The worker took a relative's Percocet, and was advised not to do so. Examination finds spasm and tenderness to palpation. Treatment plan includes temporary work restrictions, and treatment with Norco and Flexeril. A medial branch block is pending. A request for authorization is made for Norco 10/325mg #60.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 10/325mg #60:** Overturned

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

**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 December 2014 and continues to be treated for low back pain. Medications are referenced as decreasing pain from 8/10 to 5/10. Urine drug screening had been inconsistent and the claimant has received counseling regarding medications that had been taken from a relative. His Norco dose had recently been increased. When seen, there was decreased lumbar range of motion with tenderness and muscle spasms. Medial branch blocks were pending. Norco was prescribed at a total MED (morphine equivalent dose) of 20 mg per day. Work restrictions were continued. When prescribing controlled substances for pain, satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. 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. There are no identified issues of abuse or addiction and medications are providing pain control. The total MED is less than 120 mg per day consistent with guideline recommendations. Continued prescribing was medically necessary.