

<b>Case Number:</b>	CM15-0120046		
<b>Date Assigned:</b>	06/30/2015	<b>Date of Injury:</b>	05/18/2011
<b>Decision Date:</b>	07/29/2015	<b>UR Denial Date:</b>	06/01/2015
<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: 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 was a 38 year old male, who sustained an industrial injury, May 18, 2011. The injury was sustained when the injured worker was walking down stairs and slipped at the 4th step. The injured worker landed on the buttocks and started having a fairly severe pain in the back and into the legs. The injured worker previously received the following treatments Norco, Lexapro, Colace, Trazodone, Gabapentin, 2 Left S1 transforaminal epidural steroid injections and epidurography, lumbar spine MRI on October 13, 2011 and acupuncture services. The injured worker was diagnosed with low back pain with radiation into the hips, left posterior leg pain, chronic low back pain, MRI of October 13, 2011 showed epidural fibrosis around the left S1 nerve root, high-intensity zone with posterior disk bulge of 4mm at L4-L5, persistent thoracic pain, Left S1 radiculopathy due to epidural fibrosis at L5-S1, persistent thoracic pain, Insomnia and Myofascial of the lumbar spine. According to progress note of May 19, 2015, the injured worker's chief complaint was ongoing low back pain. The injured worker stated the acupuncture was helpful in reducing the right lower extremity radiating symptoms and the restless leg secondary to the symptoms. The pain was localized now to the lumbar spine. The physical exam was documented as no significant change. According to the progress noted of April 21, 2015, the injured worker pain level was 8 out of 10 without pain mediation and 3 out of 10 with pain medication. The average pain was 5 out of 10. The mediation allowed the injured worker to be more functional with activities like cooking, housekeeping and caring for their four children. The physical exam noted the injured worker got up slowly from a seated position and ambulated with a mild antalgic gait. The treatment plan included prescription for 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 ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

**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 for longtime without documentation of functional improvement or improvement of activity of daily living. Therefore, the prescription of Norco 10/325mg #120 is not medically necessary.