

<b>Case Number:</b>	CM15-0120502		
<b>Date Assigned:</b>	07/01/2015	<b>Date of Injury:</b>	11/19/2012
<b>Decision Date:</b>	09/02/2015	<b>UR Denial Date:</b>	06/18/2015
<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: Arizona, Michigan

Certification(s)/Specialty: Preventive Medicine, Occupational 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 40 year old male who sustained an industrial injury on 11/19/2012 while lifting heavy boxes and resulting in pain/injury to the low back. Treatment provided to date has included: lumbar spine surgeries; physical therapy; lumbar injections with failure to provide relief; shock wave therapy which was reported to be helpful; medications (Norco and Motrin); and conservative therapies/care. Diagnostic tests performed include: x-ray and MRI of the lumbar spine (2014) showing moderately severe disc height loss at L4-5 and L5-S1 with evidence of left L4-5 and L5-S1 laminotomy, diffuse disc bulging, mild disc narrowing and desiccation, multilevel disc extrusion with scar tissue resulting in thecal sac compression, and mild facet degenerative disc disease. Other noted dates of injury documented in the medical record include: 2013 (aggravation of current injury due to lack of accommodation of restrictions by the employer). There were no noted comorbidities. On 05/21/2015, physician progress report notes improvement of low back pain with shockwave therapy. Additional complaints included left lower extremity pain. The pain was rated 7/10 in severity without medications and 5/10 with medications. This was a decrease from 8/10 and 6/10 from the previous exam dated 04/21/2015. The injured worker reported pain levels of 8/10 on 02/04/2015 despite taking Norco and Motrin. Current medications include Norco 10/325mg and Motrin 800mg which are reported to provide a 20% reduction in pain. The physical exam revealed slowness in standing from the sitting position; tenderness to palpation of the paravertebral muscles bilaterally with spasms on the left more than the right; tenderness over the sacroiliac joints bilaterally, decreased sensation over the left L3-S1 dermatome distributions; and restricted and painful range of motion in the lumbar

spine. The provider noted diagnoses of recurrent left L4-5 radiculopathy, status post left L4-5 and L5-S1 laminotomies (02/2013), L4-5 degenerative disc disease, status post left L4-5 laminectomy and discectomy with re-exploration, and chronic intractable pain. Plan of care includes continuation of current medications, ongoing pain management care, continuation of shockwave therapy, random drug testing, and follow-up in 4 weeks. The injured worker's work status remained permanently partially disabled. The request for authorization and IMR (independent medical review) includes: Norco 10/325mg #90.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Norco 10/325 MG #90:** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-96.

**Decision rationale:** Norco is a short-acting opioid, also known as "normal-release" or "immediate-release" opioid which is seen as an effective method in controlling chronic pain. Short-acting opioids are often used for intermittent or breakthrough pain. MTUS discourages long term usage unless there is evidence of "ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life." The MTUS also recommends the discontinuation of Norco (an opioid) when there is no overall improvement in function, unless there are extenuating circumstances. Weaning should occur under direct ongoing medical supervision as a slow taper except for the below mentioned possible indications for immediate discontinuation. A review of the injured workers medical records reveal a 20% improvement in pain with his current regimen. A CURES report was reported as consistent with treatment, he has a pain contact on file and the 4 A's of analgesia, activities of daily living, adverse reactions, aberrant drug behaviors for ongoing management were addressed. The continued use of Norco is appropriate; therefore the request for Norco 10/325 MG #90 is medically necessary.