

<b>Case Number:</b>	CM15-0120650		
<b>Date Assigned:</b>	07/01/2015	<b>Date of Injury:</b>	12/14/2006
<b>Decision Date:</b>	09/03/2015	<b>UR Denial Date:</b>	06/15/2015
<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 York

Certification(s)/Specialty: Anesthesiology

### 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 65-year-old female, who sustained an industrial injury on December 14, 2006. The mechanism of injury was not provided. The injured worker has been treated for low back complaints. The diagnoses have included lumbar spine myoligamentous injury, lumbar degenerative disc disease, lumbar facet arthropathy, lumbar right-sided radicular symptoms, medication-induced gastritis and possible left carpal tunnel syndrome. Treatment and evaluation to date has included medications, radiological studies, physical therapy, lumbar facet blocks, lumbar-sacral orthosis back brace, epidural steroid injections, MRI, trigger point injections and a home exercise program. The injured worker was noted to be temporarily totally disabled. Current documentation dated June 2, 2015 notes that the injured worker had an epidural steroid injection performed on February 23, 2015 and reported 60% pain relief to her lower back and lower extremity radicular symptoms. Due to the effectiveness of the epidural steroid injection, the injured worker decreased her dose of Norco 5/325 mg from two tablets to one tablet a day. The injured worker also noted improved mobility and activity tolerance. The pain was rated a 6/10 on the visual analogue scale. Current medications include Norco, Motrin, Zanaflex and Neurontin. Examination of the lumbar spine revealed tenderness to palpation bilaterally with increased muscle rigidity. Numerous trigger points were palpable and tender throughout the lumbar paraspinal muscles. The pain was reproducible with facet loading noted in the lower lumbar spine. Lumbar spine range of motion was decreased and deep tendon reflexes were a 2/4. The treating physician's plan of care included a request for Norco 10/325 mg # 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:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids for the treatment of chronic pain Page(s): 91-97. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Opioids.

**Decision rationale:** According to the CA MTUS and ODG, Norco 10/325mg (Hydrocodone/Acetaminophen) is a short-acting opioid analgesic indicated for moderate to moderately severe pain, and is used to manage both acute and chronic pain. The treatment of chronic pain with any opioid analgesic requires review and documentation of pain relief, functional status, appropriate medication use, and side effects. A pain assessment should include current pain, intensity of pain after taking the opiate, and the duration of pain relief. In this case, there is insufficient evidence that the opioids were prescribed according to the CA MTUS guidelines, which recommend prescribing according to function, with specific functional goals, return to work, random drug testing, an opioid contract, and documentation of a prior failure of non-opioid therapy. There is no documentation of significant pain relief or increased function from the opioids used to date. Medical necessity of the requested medication has not been established. Of note, discontinuation of an opioid analgesic should include a taper to avoid withdrawal symptoms. The requested medication is not medically necessary.