

<b>Case Number:</b>	CM15-0121493		
<b>Date Assigned:</b>	07/02/2015	<b>Date of Injury:</b>	03/11/2002
<b>Decision Date:</b>	08/06/2015	<b>UR Denial Date:</b>	06/22/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/23/2015

### 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: California

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 42 year old male who sustained an industrial injury on 3/11/02. He had complaints of low back pain. Treatments include medications, physical therapy, epidural injections and surgery. Primary treating physician's progress report date 6/3/15 reports complaints of continued lower back pain radiating to his bilateral lower extremities, rated 8/10 without medications and 6/10 with medications. The back pain worsens with increased activity, bending, twisting, and stretching. He is currently in post-operative physical therapy to the lumbar spine. His leg numbness improved with the first surgery and has worsened after the second surgery. Diagnoses include: L5-SI adjacent segment degeneration/annular tear, status post L4-L5 anterior lumbar interbody fusion with cage and instrumentation; L4-L5 posterior sp, degenerative disc disease L4-L5 with fissuring, L5-SI annular tear with chronic low back pain, lumbar radiculopathy on the right SI and status post L5-SI ALIF with right foraminotomy, 1/21/15. Work status is temporary totally disabled until 7/15/15. Plan of care includes: continue current medications, request authorization for an updated EMG/NCV study of the bilateral lower extremities, refill Norco and provided new prescription; Norco 10/325 mg 1 every 4-6 hours #150, may undergo random urine toxicology screenings to verify medication compliance. Follow up in 4-6 weeks.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 10/325mg #150:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 89.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 44, 47, 75-79, 120 of 127.

**Decision rationale:** Regarding the request for Norco (hydrocodone/acetaminophen), California Pain Medical Treatment Guidelines state that this is an opiate pain medication. Due to high abuse potential, close follow-up is recommended with documentation of analgesic effect, objective functional improvement, side effects, and discussion regarding any aberrant use. Guidelines go on to recommend discontinuing opioids if there is no documentation of improved function and pain. Within the documentation available for review, while there is limited pain relief noted, there is no indication that the medication is improving the patient's function (in terms of specific examples of functional improvement and percent reduction in pain or reduced NRS) and no discussion regarding appropriate medication usage/aberrant behavior. As such, there is no clear indication for ongoing use of the medication. Opioids should not be abruptly discontinued, but unfortunately, there is no provision to modify the current request to allow tapering. In light of the above issues, the currently requested Norco (hydrocodone/acetaminophen) is not medically necessary.