

<b>Case Number:</b>	CM15-0121763		
<b>Date Assigned:</b>	07/02/2015	<b>Date of Injury:</b>	06/27/2005
<b>Decision Date:</b>	07/31/2015	<b>UR Denial Date:</b>	05/28/2015
<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 62-year-old male, who sustained an industrial injury on 6/27/2005. Diagnoses include cervical spine sprain/strain, osteoarthritis at C2-3, lumbar spine degenerative disc disease, dyspnea with sleep disorder, dysthymia with pain disorder, major depressive disorder and generalized anxiety disorder. Treatment to date has included surgical intervention (anterior lumbar discectomy and fusion on 2/14/2014) and conservative measures including diagnostics, physical therapy and medications. Per the Primary Treating Physician's Progress Report dated 4/13/2015, the injured worker reported constant pain in the lumbar spine rated 2-3 to an occasional on a scale of 1-10, 10 being the most severe. He has severe numbness and tingling in both lower extremities right more than left and tingling and numbness in the perineal area. Objective findings are recorded as blood pressure 140/87, pulse 67. He is 5'5" tall and weighs 215 pounds. The plan of care included medications and authorization was requested for Norco 7.5mg #60.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 7.5mg quantity 60 with two refills:** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 75-80.

**Decision rationale:** Regarding the request for Norco (hydorcodone/acetaminophen), Chronic Pain Medical Treatment Guidelines state that Norco 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, there is indication that the medication is improving the patient's pain by 50% and allowing him to improve function. Furthermore, the patient has had 2 consistent urine drug screens within the last year to show compliance and consistent use. As such, the currently requested Norco (hydorcodone/acetaminophen) is medically necessary.