

<b>Case Number:</b>	CM15-0127831		
<b>Date Assigned:</b>	07/14/2015	<b>Date of Injury:</b>	10/23/2014
<b>Decision Date:</b>	08/14/2015	<b>UR Denial Date:</b>	06/24/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/02/2015

### 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, Texas, Florida

Certification(s)/Specialty: Anesthesiology, Pain Management, Hospice & Palliative 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 58 year old female, who sustained an industrial injury on 10/23/2014. The injured worker reported that she was bent over a bed to turn a client when she felt a pop in her lower back with a burning sensation along with a spasm to the right side of her hip into the thigh with weakness to the right leg. The injured worker was diagnosed as having chronic pain syndrome, spinal stenosis of the lumbar region without neurogenic claudication, degenerative intervertebral disc disease of the lumbar/lumbosacral spine, thoracic or lumbosacral neuritis/radiculitis unspecified, and lumbago. Treatment and diagnostic studies to date has included use of a cane, medication regimen, laboratory studies, status post lumbar five to sacral one interlaminar epidural injection, physical therapy, and magnetic resonance imaging of the lumbar spine. In a progress note dated 06/15/2015 the treating physician reports constant, achy, dull, sharp, burning pain to the low back with spasms to the right leg and foot. Examination reveals an antalgic gait, increased lumbar lordosis, tenderness to the lumbar paraspinal muscles and facet joints, decreased strength with right hip flexion, and decreased sensation to the stocking distribution. The injured worker's medication regimen included Ibuprofen, Norco, and Neurontin. The injured worker's pain level was rated a 7 on a scale of 1 to 10, but the documentation provided did not indicate the injured worker's pain level as rated on a pain scale prior to use of her medication regimen and after use of her medication regimen to indicate the effects with the use of her medication regimen. The treating physician noted that the injured worker was unable to function without use of her medication regimen, but the documentation noted that the injured worker has difficulty performing household chores and did not contain any specific areas of functional improvement with use of her current medication regimen. The treating physician requested Norco 5/325mg with a quantity of 60 noting current use of this medication.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 5/325mg #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of Opioids.

**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 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 no indication that the medication is improving the patient's function or pain (in terms of specific examples of functional improvement and percent reduction in pain or reduced NRS). As such, there is no clear indication for ongoing use of the medication. Opioids should not be abruptly discontinued, but fortunately, the last reviewer modified the current request to allow tapering. In light of the above issues, the currently requested Norco (hydrocodone/acetaminophen) is not medically necessary.