

<b>Case Number:</b>	CM15-0128631		
<b>Date Assigned:</b>	07/15/2015	<b>Date of Injury:</b>	02/28/2011
<b>Decision Date:</b>	08/18/2015	<b>UR Denial Date:</b>	06/29/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/03/2015

### 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, North Carolina  
 Certification(s)/Specialty: Family Practice

### 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 (IW) is a 29-year-old male who sustained an industrial injury on 02/28/2011. Diagnoses include retrolisthesis at L3-4 and L4-5; facet arthropathy of the lumbar spine; neuroforaminal narrowing on the left L3-4; and degenerative disc disease of the lumbar spine. Treatment to date has included medication, physical therapy (PT), TENS unit, nerve rhizotomies, medial branch nerve blocks and chiropractic care. TENS unit use was reportedly helpful. According to the progress notes dated 5/18/15, the IW reported increased pain in the low back since his previous visit, rated 5/10, and periodic flare-ups of pain. He described his pain as constant, aching, stabbing and burning, radiating into his right lower extremity to the back of the right calf. He reported that numbness and pins and needles sensation in the right leg into the foot and toes was ongoing, but improved. Bending forward, standing, and sitting for long periods increased his pain. Back spasms continued. He was taking Norco 10/325mg 4-6 times per day, Cyclobenzaprine 7.5mg 1-2 times per week as needed for muscle spasms and Naproxen 550mg 1 tablet daily. On examination, there was tenderness to palpation of the lumbar spine and decreased range of motion in all planes. Lower extremity sensation and motor strength were intact. Patellar and Achilles reflexes were within normal limits bilaterally. Straight leg raise was negative bilaterally. Slump test was negative bilaterally. A request was made for Norco (Hydrocodone-APAP) 10/325mg, #120 with one refill to be filled on 6/18/15 for pain.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco (Hydrocodone-APAP) 10/325mg #120 with one refill to be filled on 6/18/15: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47-48, Chronic Pain Treatment Guidelines Opioids for chronic pain Page(s): 80-82. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter, Opioids, criteria for use.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids for chronic pain Page(s): 78-80.

**Decision rationale:** CA MTUS guidelines state that there should be documentation and ongoing review of pain relief, functional status, appropriate use and side effects with the use of opioids. Opioids should only be used for severe pain for the shortest time period. In chronic low back pain, opioid therapy "appears to be efficacious but limited for short-term pain relief, and long-term efficacy is unclear (greater than 16 weeks), but also appears limited." In this case, there is no clinical documentation of objective findings on examination to support the medical necessity of the continued use of Norco. There is also no evidence of benefit or functional improvement attributed to the use of Norco. Therefore, the request is deemed not medically necessary.