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| <b>Case Number:</b>   | CM15-0164048 |                              |            |
| <b>Date Assigned:</b> | 09/01/2015   | <b>Date of Injury:</b>       | 06/30/2011 |
| <b>Decision Date:</b> | 11/03/2015   | <b>UR Denial Date:</b>       | 07/22/2015 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 08/20/2015 |

### 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: Texas, Illinois

Certification(s)/Specialty: Preventive Medicine, Occupational 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 50 year old male, who sustained an industrial injury on 6-30-11. He reported pain in his lower back and left lower extremity. The injured worker was diagnosed as having L5-S1 disc protrusion impinging the nerve roots, facet arthropathy and facet syndrome at L5-S1 and radiculopathy. Treatment to date has included a left L5-S1 epidural injection on 1-28-15, and Butrans patch. An EMG-NCS on 3-10-14 showed left S1 radiculopathy. Current medications include Omeprazole and Norco since at least 12-2-14. On 12-2-14 the injured worker rated his pain an 8-10 out of 10. As of the PR2 dated 7-15-15, the injured worker reports residual back and leg pain, worse in the left leg. He also indicated difficulty sleeping due to pain. Objective findings include lumbar flexion is 40% of normal, extension is 10% of normal and lateral bending is 50% of normal bilaterally. There is also pain over the facet joint as well as at L5-S1 and L4-L5. The treating physician requested Norco 10-325mg #120.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 10/325mg #120:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids  
Page(s): 78-81.

**Decision rationale:** The injured worker sustained a work related injury on 6-30-11. The injured worker was diagnosed as having L5-S1 disc protrusion impinging the nerve roots, facet arthropathy and facet syndrome at L5-S1 and radiculopathy. Treatment to date has included a left L5-S1 epidural injection on 1-28-15, and Butrans patch. The medical records provided for review do not indicate a medical necessity for Norco 10/325mg #120. The MTUS recommends the use of the lowest dose of opioids for the short term treatment of moderate to severe pain. The MTUS does not recommend the long term use of opioids for treatment of chronic pain due to worsening adverse effects and lack of research in support of benefit. Also, the MTUS recommends that individuals on opioid maintenance treatment be monitored for analgesia (pain control), activities of daily living, adverse effects and aberrant behavior; the MTUS recommends discontinuation of opioid treatment if there is no documented evidence of overall improvement or if there is evidence of illegal activity or drug abuse or adverse effect with the opioid medication. The medical records indicate the injured worker's use of this medication predates, 12/2014, but with no overall improvement in pain and function. The MTUS states that functional improvement means either a clinically significant improvement in activities of daily living or a reduction in work restrictions as measured during the history and physical exam, performed and documented as part of the evaluation and management visit billed under the Official Medical Fee Schedule (OMFS) pursuant to sections 9789.10-9789.111; and a reduction in the dependency on continued medical treatment. Therefore, the requested treatment is not medically necessary due to lack of functional overall improvement with previous usage.