

<b>Case Number:</b>	CM15-0170158		
<b>Date Assigned:</b>	09/10/2015	<b>Date of Injury:</b>	11/27/2012
<b>Decision Date:</b>	10/08/2015	<b>UR Denial Date:</b>	07/30/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/28/2015

### 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: New Jersey, Alabama, California  
 Certification(s)/Specialty: Neurology, Neuromuscular 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 male, who sustained an industrial injury on 11-27-2012. Diagnoses include lumbar sprain-strain, lumbar radiculopathy, lumbar spinal stenosis and lumbar spondylolisthesis. Treatment to date has included conservative measures including diagnostics, rest, medications, transforaminal epidural steroid injection (4-13-2015) and acupuncture. Per the Primary Treating Physician's Progress Report dated 7-21-2015, the injured worker presented for follow-up. He reported lower back pain with radiation down the legs. Pain level without medications was rated as 10 out of 10 and with medication, it drops to 2 out of 10. He reported less pain relief with less quantity of Norco. Objective findings included 5 out of 5 strength in the bilateral lower extremities, negative straight leg raise bilaterally, decreased sensation in the L4 distribution, palpable spasms of the bilateral paraspinal muscles with positive twitch response, decreased range of motion due to pain, and slowed ambulation. He has been prescribed Norco since at least 3-26-2015. There is not documentation of a current pain level or an increase in activities of daily living with the current treatment. Authorization was requested on 7-23-2015 for Norco 10-325mg (for weaning), Naproxen 500mg #60, Cymbalta 30mg #30 and follow-up visit. On 7-30-2015, Utilization Review modified the request for Norco 10-325mg #60 for weaning purposes.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 10/325mg #60: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use.

**Decision rationale:** According to MTUS guidelines, Norco (Hydrocodone/Acetaminophen) is a synthetic opioid indicated for the pain management but not recommended as a first line oral analgesic. In addition and according to MTUS guidelines, ongoing use of opioids should follow specific rules: "(a) Prescriptions from a single practitioner taken as directed, and all prescriptions from a single pharmacy. (b) The lowest possible dose should be prescribed to improve pain and function. (c) Office: Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non-adherent) drug-related behaviors. These domains have been summarized as the "4 A's" (analgesia, activities of daily living, adverse side effects, and aberrant drug taking behaviors). The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework." According to the patient's file, there is no objective documentation of pain and functional improvement to justify continuous use of Norco. Norco was used for longtime without documentation of functional improvement. There is no evidence of return to work and no documentation on the results of the patient's UDS. Therefore, the prescription of Norco 10/325mg #60 is not medically necessary.