

<b>Case Number:</b>	CM15-0170440		
<b>Date Assigned:</b>	09/11/2015	<b>Date of Injury:</b>	12/08/2009
<b>Decision Date:</b>	10/14/2015	<b>UR Denial Date:</b>	08/11/2015
<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: Massachusetts

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 54 year old male, who sustained an industrial injury on December 8, 2009, incurring low back injuries. He was diagnosed with lumbar degenerative disc disease, lumbar radiculopathy, lumbar spinal stenosis and lumbar herniation. Treatment included physical therapy and home exercise program, anti-inflammatory drugs, pain, medications, neuropathy medications, proton pump inhibitor, muscle relaxants, facet block injections, lumbar Radiofrequency Ablation, and restricted activities with modified work duties. Currently, the injured worker complained of bilateral lower back pain radiculopathy to both lower extremities with cramping, burning, shooting and aching pain. He rated his pain without medications were 8 out of 10 and when taking medications it was 3 out of 10. He had difficulty with activities of daily living, numbness and tingling of the lower extremities. Bending, flexion, standing, twisting, walking and transferring exacerbates the injured worker's pain. On April 22, 2014, the injured worker underwent lumbar spine surgery. The treatment plan that was requested for authorization on August 29, 2015, included a prescription for Norco. Utilization review denied a request for a prescription for Norco medication, on August 11, 2015.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 10/325mg, #150:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids (Classification).

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

**Decision rationale:** The claimant sustained a work injury in December 2009 and continues to be treated for low back pain with lower extremity radiating symptoms. He has a history of lumbar spine surgery in August 2014 with a decompression and fusion from L4 to the sacrum. Medications are referenced as decreasing pain from 8/10 to 3/10 and with improved activities of daily living. When seen, there was decreased lumbar spine range of motion. There was moderate lumbar tenderness with restricted muscle bands and moderate spasm. There was positive straight leg raising. There was bilateral trochanteric tenderness and bilateral lower extremity muscle atrophy. There was decreased lower extremity strength and sensation. Norco was refilled at a total MED (morphine equivalent dose) of 50 mg per day. When prescribing controlled substances for pain, satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. Norco (hydrocodone/acetaminophen) is a short acting combination opioid often used for intermittent or breakthrough pain. In this case, it is being prescribed as part of the claimant's ongoing management. There are no identified issues of abuse or addiction and medications are providing decreased pain with improved activities of daily living. The total MED is less than 120 mg per day consistent with guideline recommendations. Continued prescribing is medically necessary.