

<b>Case Number:</b>	CM15-0172573		
<b>Date Assigned:</b>	09/14/2015	<b>Date of Injury:</b>	01/31/1986
<b>Decision Date:</b>	10/13/2015	<b>UR Denial Date:</b>	08/26/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/01/2015

### 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 61-year-old female, who sustained an industrial injury on January 31, 1986, incurring low back injuries. She was diagnosed with lumbar disc disease. Treatment included pain medications, anti-inflammatory drugs, and activity restrictions. She noted that anti-inflammatory drugs and the opiate Tramadol reduced her pain from 8 to 3 out of 10. The physician noted in the progress notes that there was an error in the electronic record stating he had not ordered Norco for the past eight months. Currently, the injured worker complained of increased back pain and right sided sciatica even after taking opiate and anti-inflammatory drugs. She stated her back hurt more with the cold weather and interfered with her activities of daily living. She was diagnosed with lumbar spinal enthesopathy. The treatment plan that was requested for authorization on September 1, 2015, included a prescription for Norco. On August 26, 2015, utilization review denied the request for the prescription for Norco.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 7.5/325mg #90:** 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, Opioids for chronic pain.

**Decision rationale:** The claimant has a remote history of a work injury occurring in January 1986 and continues to be treated for back pain. In January 2015 Norco was being prescribed at a total MED (morphine equivalent dose) of 22.5 mg per day. In May 2015 Celebrex and tramadol were decreasing pain from 8/10 to 3-4/10. When requested, pain was rated at 3/10. She was using heat to help with sleep. There was a pending court date. Medications were refilled. Case notes reference Norco as not having been prescribed for more than six months and that the request was submitted in error. The tramadol dose was at an MED of 40 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, tramadol was being prescribed and providing decreased pain. There are no identified issues of abuse or addiction and the total MED is less than 120 mg per day consistent with guideline recommendations. Continued prescribing of tramadol was medically necessary. However, the request that was submitted was for Norco, which was reported to have been in error. That request was not medically necessary.