

<b>Case Number:</b>	CM15-0174034		
<b>Date Assigned:</b>	09/15/2015	<b>Date of Injury:</b>	02/26/2014
<b>Decision Date:</b>	10/15/2015	<b>UR Denial Date:</b>	08/06/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/03/2015

### 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: 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 43 year old female, who sustained an industrial-work injury on 2-26-14. A review of the medical records indicates that the injured worker is undergoing treatment for lumbar radiculitis, lumbar stenosis with herniated disc, status post lumbar laminectomy and lumbar osteophyte. Medical records dated (1-30-15 to 7-9-15) indicate that the injured worker complains of low back, bilateral buttock and leg pain. Per the treating physician report dated 7-9-15 the injured worker has not returned to work and is temporarily totally disabled from 7-9-15 to 8-1-15. The physical exam dated 3-3-15 reveals lumbar spine range of motion with flexion is 40 degrees, and extension is 10 degrees. There is positive straight leg raise on the left. The medical record dated 7-9-15 the physician indicates that the injured worker's overall symptoms have improved. Treatment plan was to continue with Norco, Prilosec, Naprosyn, and Flexeril. Treatment to date has included pain medication, Norco since at least 2014, lumbar laminectomy 4-3-15, physical therapy, diagnostics, and other modalities. The treating physician indicates that the urine drug test result dated 5-28-15 was consistent with the medication prescribed. The original Utilization review dated 8-6-15 non-certified a request for Norco 10-325mg three times a day #90 as the request is not medically necessary per the guidelines for ongoing chronic use as the injured worker does not meet all criteria for continuing narcotic use.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 10/325mg tid #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, long-term assessment.

**Decision rationale:** The claimant sustained a work injury in February 2014 and continues to be treated for left buttock and leg pain. In March 2015 locations included Norco being prescribed at a total MED (morphine equivalent dose) of 40 mg per day. A lumbar laminectomy was being recommended. In April 2015 she had undergone surgery. Norco was discontinued. In July 2015 she was having ongoing back pain. Norco was prescribed again at an MED of 20 mg per day. When seen August 2015 Norco was being taken three times per day. There had been a significant improvement in her leg symptoms. She had not been able to participate in physical therapy. There was decreased lumbar spine range of motion. Her Norco dose was decreased from three times per day to two times per day. 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. Although there are no identified issues of abuse or addiction and the total MED is less than 120 mg per day, there is no documentation that this medication has provided decreased pain through reporting of VAS pain scores, an increased level of function, or improved quality of life. Continued prescribing was not medically necessary.