

<b>Case Number:</b>	CM15-0174209		
<b>Date Assigned:</b>	09/16/2015	<b>Date of Injury:</b>	07/25/2011
<b>Decision Date:</b>	10/16/2015	<b>UR Denial Date:</b>	08/29/2015
<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 60 year old female, who sustained an industrial injury on July 25, 2011. On July 20, 2015 the injured worker reported that a previous lumbar epidural steroid injection was not effective and the pain was worse. Her pain radiated to the right lower extremity to the level of the foot. Her medications were being tapered and the evaluating physician noted that she needed a formal pain management consultation. Her medications included Norco 10-325 mg, Butrans 20 mcg-hour transdermal patch, gabapentin 600 mg tablet, cyclobenzaprine 10 mg tablet, omeprazole 20 mg delayed release capsule and naproxen sodium 550 mg tablet. She has been using Norco 10-325 mg tablets since at least April 6, 2015. On physical examination the injured worker's palpation and inspection of the lumbar spine was within normal limits. She had no erythema, swelling, deformity or tenderness of the lumbar spine. Her lumbar spine range of motion testing was within normal limits in extension, flexion and side bending. Her strength testing of the major muscles innervated by the lumbar spine was graded at 5-5 except the right iliopsoas and quadriceps, which were 4-5. She had mild tenderness to palpation over the right sacroiliac sulcus and symmetrical alignment of the pelvis, hip and thigh joints. She had no restriction or instability to ligamentous laxity with pelvis and hip range of motion testing. The injured worker was diagnosed as having thoracic-lumbosacral neuritis, lumbar spinal stenosis and acquired spondylolisthesis. Treatment to date has included physical therapy, diagnostic imaging of the pelvis, NSAIDS, and opioid medications. A request for authorization for Norco 10-325 mg #120 was received on August 21, 2015. On August 29, 2015 a Utilization Review physician modified Norco 10-325 mg #120 to Norco 10-325 mg #108.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 10/325 mg Qty 120:** 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 for chronic pain, Opioids, long-term assessment.

**Decision rationale:** The claimant sustained a work injury in July 2011 and is being treated for low back pain with radiating lower extremity symptoms with a history of a lumbar laminectomy and fusion. When seen, pain score were not recorded. Her right lower extremity was unsteady and she was using a cane. Physical examination findings included decreased right lower extremity strength with normal sensation. Butrans and Norco were being prescribed at a total MED (morphine equivalent dose) of 80 mg 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 is currently providing decreased pain, an increased level of function, or improved quality of life. Continued prescribing was not medically necessary.