MAXIMUS Federal Services

| Case Number: | CM15-0177091 | | |
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| Date Assigned: | 09/17/2015 | Date of Injury: | 08/19/1983 |
| Decision Date: | 10/20/2015 | UR Denial Date: | 08/18/2015 |
| Priority: | Standard | Application Received: | 09/09/2015 |

## 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: Arizona, California
Certification(s)/Specialty: Family Practice

## 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 57 year old male who sustained an industrial injury on 8-19-83. He last worked in 1990. Diagnoses included chronic low back pain; lumbar spondylosis; status post spine surgery (1983); lumbar spine degenerative disc disease L5-S1; mechanical low back pain. He currently (7-28-15) complains of intermittent, stabbing, achy low back pain with cramping and radiation down both legs to the feet right worse than left. His pain level was 7-8 out of 10. His pain level was consistent 7-8 out of 10 from 4-21-15 through 7-28-15 and in March 2015 he was hospitalized for blood clots in his right leg and on 3-24-15 his pain level was 9 out of 10. His current activities of daily living are limited as he can only stand for short periods of time and then has gripping pain. He has headaches. On physical exam of the lumbar spine there was tenderness to palpation over the right and left lower facet region. Diagnostics included MRI of the lumbar spine (10-13-14) with abnormalities. Treatments to date include medications: Norco which reduces his pain significantly (7-28-15 note) and allows for a more restful sleep, Dilantin; 24 sessions of physical therapy with temporary relief; bilateral medial branch block L4-5 and L5- S1 (10-9-14) with good relief; rhizotomy L4-5 and L5-S1 with good relief (60-70% pain relief for 5 months 1-20-15); spinal surgery (1983); lumbo-sacral orthosis. A urine drug screen dated 6-29-15 was positive for Norco, temazepam and oxazepam. In the progress note dated 7-28-15 the treating provider's plan of care included a request for Norco 10-325mg #120. The request for authorization dated 6-29-15 included Norco 10-325mg #120. On 8-18-15 utilization review evaluated and modified the request for Norco 10-325mg #120 to Norco 10-325mg #60

based on no documented pain reduction using a pain scale and no evidence of improved functioning such as improved activities of daily living.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 10/325mg QID as needed #120:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Low Back Complaints 2004, and Chronic Pain Medical Treatment 2009.

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

**Decision rationale:** Norco is a short acting opioid used for breakthrough pain. According to the MTUS guidelines, it is not indicated as 1st line therapy for neuropathic pain, and chronic back pain. It is not indicated for mechanical or compressive etiologies. It is recommended for a trial basis for short-term use. Long Term-use has not been supported by any trials. In this case, the claimant had been on Norco for several months without significant improvement in pain or function. There was no mention of Tylenol, NSAID, Tricyclic or weaning failure. The claimant still required invasive procedures for pain relief. The continued use of Norco is not medically necessary.