

<b>Case Number:</b>	CM15-0178372		
<b>Date Assigned:</b>	09/18/2015	<b>Date of Injury:</b>	05/11/2002
<b>Decision Date:</b>	10/22/2015	<b>UR Denial Date:</b>	09/01/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/10/2015

### 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 65 year old male, who sustained an industrial injury on May 11, 2002, incurring neck and back injuries. He was diagnosed with lumbar disc disease with myelopathy, lumbar spondylosis and cervical disc disease with myelopathy. He underwent a lumbar laminectomy and a cervical laminectomy. Treatment included home exercise program, muscle relaxants, pain medications, topical analgesic cream and sleep aides, lumbar epidural steroid injection, and restricted activities and modifications. The injured worker's pain was reduced with medications from 8 to 4 out of 10 on a pain scale from 1 to 10 and allowed him to walk 60 minutes and do household chores and use the computer. He was noted to have lower back pain radiating into his buttock with reduced range of motion of the lumbar spine. The injured worker noted persistent muscle spasms in his neck and back. The treatment plan that was requested for authorization on September 10, 2015, included a prescription for Norco 10-325mg, #120. On September 1, 2015, a request for the prescription for Norco was modified to a prescription for Norco 10-325 mg #120 for a one-month refill for weaning by utilization review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 10/325mg #120:** Overturned

**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, dosing, Opioids, criteria for use, Opioids, long-term assessment.

**Decision rationale:** The claimant has a remote history of a work injury in May 2002 and is being treated for neck and low back pain with radiating lower extremity symptoms. Medications are referenced as decreasing pain from 8-9/10 to 4-6/10 with improved walking tolerance and ability to perform household chores, use a computer, and be more mobile. When seen, there was limited lumbar range of motion with an antalgic gait. Medications were refilled including Norco at a total MED (morphine equivalent dose) of 40 mg per day. CURES was checked and urine drug screening was performed. Guidelines indicate that when an injured worker has reached a permanent and stationary status or maximal medical improvement that does not mean that they are no longer entitled to future medical care. 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 and improved activities of daily living and activity tolerance. The total MED is less than 120 mg per day consistent with guideline recommendations. Continued prescribing was medically necessary.