

<b>Case Number:</b>	CM15-0025861		
<b>Date Assigned:</b>	02/18/2015	<b>Date of Injury:</b>	12/24/2009
<b>Decision Date:</b>	04/02/2015	<b>UR Denial Date:</b>	02/03/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/11/2015

### 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: California, South Carolina

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, 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 52 year old male who sustained an industrial injury on 12/24/09. The injured worker reported symptoms in the back. The diagnoses included chronic pain, post laminectomy syndrome, back pain, altered sensation of the skin/allodynia, lumbar degenerative disease, and muscle spasm lumbar. Treatments to date include oral pain medication, ice/heat applications, physical therapy, acupuncture treatment, non-steroidal anti-inflammatory drugs. In a progress note dated 12/18/14, the treating provider reports the injured worker has pain radiating to both feet and noting "both knees are starting to hurt." On 2/3/15, Utilization Review non-certified the request for Norco 10/325 milligrams, quantity of 180, one by mouth 6 times per day, no refills (prescribed 1/27/15). The MTUS chronic pain treatment guidelines were cited.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 10/325mg, #180, One by Mouth 6 Times per Day, No Refills (Prescribed 1-27-15):**  
Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids  
Page(s): 78-81.

**Decision rationale:** The injured worker (IW) has a history of chronic pain and altered sensation of the skin. The cited MTUS guidelines recommend short acting opioids, such as Norco, for the control of chronic pain, and may be used for neuropathic pain that has not responded to first-line medications. The MTUS also states there should be documentation of the 4 A's, which includes analgesia, adverse side effects, aberrant drug taking behaviors, and activities of daily living. The IW's records have included documentation of the pain with and without medication, no significant adverse effects, pain contract on file, and objective functional improvement. Recent urine drug screen was appropriate per report, and the IW has had a recent successful trial of a spinal cord stimulator (SCS) following past failures on baclofen, fentanyl patch, gabapentin, and other opioids. The IW also has remote history of drug abuse, but current medications are dispensed to him by his spouse. Of primary importance is an appropriate time frame for follow-up to reassess the 4 A's, which include monthly intervals. Based on the current follow-up plan, urine drug screening, and improvement with the SCS, Norco 10/325mg, #180, one by mouth 6 times per day, no refills (Prescribed 1-27-15), the request is medically necessary.