

<b>Case Number:</b>	CM15-0025878		
<b>Date Assigned:</b>	02/18/2015	<b>Date of Injury:</b>	12/27/2004
<b>Decision Date:</b>	04/02/2015	<b>UR Denial Date:</b>	01/27/2015
<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: New Jersey, Michigan, California  
 Certification(s)/Specialty: Neurology, Neuromuscular Medicine

### 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 male who sustained an industrial injury to his lower back from lifting and twisting as a forklift operator on December 27, 2004. The injured worker underwent left L4-5, L5-S1 transforaminal inter body fusion on October 23, 2008. An extension of the fusion from L3-S1 was performed on March 1, 2009. A magnetic resonance imaging (MRI) performed in December 2008 demonstrated left pedicle screw at L3 in contact with L3 nerve root, osteophyte L5-S1 with contact of left L5 and right S1 nerve root with moderate right proximal neural foramen narrowing and lateral recess. The injured worker was diagnosed with failed back syndrome and radiculopathy to the left leg. According to the primary treating physician's progress report on January 6, 2015, the injured worker continues to experience low back pain with radiation to the left leg with muscle spasm greater on left, mild antalgic gait and straight leg raise positive at 80 degrees on the left. Lumbar range of motion was documented as flexion 80% of normal, extension 70% of normal, left lateral flexion 70% of normal and right lateral flexion at 80% of normal. Current medications consist of Ibuprofen and Norco. Current treatment modalities consist of continuation of H wave therapy, home exercise program and stretching. The injured worker is considered Permanent & Stationary (P&S). The treating physician requested authorization for Norco 10/325mg #60. On January 27, 2015, the Utilization Review modified the certification from Norco 10/325mg #60 to Norco 10/325mg #6 with recommendation for weaning and discontinuation. Citations used in the decision process were the Medical Treatment Utilization Schedule (MTUS), Chronic Pain Guidelines.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 10/325mg #60:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of opioids Page(s): 76-79.

**Decision rationale:** According to MTUS guidelines, Norco (Hydrocodone/Acetaminophen) is a synthetic opioid indicated for the pain management but not recommended as a first line oral analgesic. In addition and according to MTUS guidelines, ongoing use of opioids should follow specific rules: (a) Prescriptions from a single practitioner taken as directed, and all prescriptions from a single pharmacy. (b) The lowest possible dose should be prescribed to improve pain and function. (c) Office: Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non adherent) drug-related behaviors. These domains have been summarized as the "4 A's" (analgesia, activities of daily living, adverse side effects, and aberrant drug taking behaviors). The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework. According to the patient file, there is no objective documentation of pain and functional improvement to justify continuous use of Norco. Norco was used for longtime without documentation of functional improvement or evidence of return to work or improvement of activity of daily living. Therefore, the prescription of Norco 10/325mg #60 is not medically necessary.