

<b>Case Number:</b>	CM15-0066181		
<b>Date Assigned:</b>	04/14/2015	<b>Date of Injury:</b>	05/05/2008
<b>Decision Date:</b>	05/12/2015	<b>UR Denial Date:</b>	03/03/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/07/2015

### 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 57 year old male with an industrial injury dated May 5, 2008. The injured worker diagnoses include lumbar disc protrusion, lumbar muscle spasm and lumbosacral sprain/strain. He has been treated with prescribed medications and periodic follow up visits. According to the progress note dated 2/12/2015, the injured worker reported constant moderate stabbing, throbbing low back pain with stiffness, heaviness, weakness and cramping radiating to left leg more than the right. Objective findings revealed no bruising, swelling, atrophy or lesion present at the lumbar spine. The treating physician prescribed Norco 10/325mg #20.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 10/325mg #20:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines (1) Pain Outcomes and Endpoints, p8, (2) Opioids, criteria for use, p76-80 (3) Opioids, dosing, p86  
Page(s): 8, 76-80, 86.

**Decision rationale:** Status post work-related injury occurring in May 2008 and continues to be treated for chronic radiating back pain. Treatments have included Norco 10/325 mg #90 prescribed in January 2015. When seen by the requesting provider in February 2015, he had pain rated at 7/10. Norco 10/325 mg #20 was prescribed. 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, although there are no identified issues of abuse or addiction and the total MED (morphine equivalent dose) is less than 120 mg per day consistent with guideline recommendations, there is no documentation of a satisfactory response to this medication as defined above. Therefore, the continued prescribing of Norco is not medically necessary.