

<b>Case Number:</b>	CM15-0091514		
<b>Date Assigned:</b>	05/15/2015	<b>Date of Injury:</b>	11/29/2012
<b>Decision Date:</b>	06/17/2015	<b>UR Denial Date:</b>	04/23/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/12/2015

### 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: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, 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 34 year old male who sustained a work related injury November 29, 2012, after a slip and fall and subsequent pars defect fracture. Past history included L5-S1 arthrodesis with fusion April, 2014. He has experienced hardware soreness and persistent right radiculopathy. He underwent a hardware block through pain management (3/16/2015) with documented pain relief. On April 8, 2015, the injured worker underwent L5-S1 re-exploration, L5-S1 medial facetectomy with partial vertebral body resection, hardware removal L5-S1 and epidural fat graft. According to a primary treating physician's report, dated, April 15, 2015, the injured worker presented with ongoing low back pain, rated 6/10. He currently has a lumbar brace and ambulates slowly. Diagnoses are low back pain and thoracic pain. Treatment plan included pending psychiatric consultation and adjustments to medications. At issue, is the request for authorization for Norco.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 10/325mg #240:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, specific drug list.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Ongoing management & Indicators and predictors of possible misuse of controlled substances and/or addiction Page(s): 78-80 and 87.

**Decision rationale:** Norco 10/325mg #240 is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The MTUS Chronic Pain Medical Treatment Guidelines state that a pain assessment should include: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. The MTUS does not support ongoing opioid use without improvement in function or pain. The documentation dated 4/15/15 states that the patient was taking Norco 10/325mg eight a day although the 3/17/15 document indicated that the provider was giving him a month's supply of Norco 10/325 #180. The 4/15/15 the treatment plan states that the provider will increase the Norco to eight a day since the patient just had surgery. The documentation dated August of 2014 dates that the patient has significant low back pain and is struggling and that the patient thinks he takes 10 to 12 Norco per day and the patient is out of his Norco early. The documentation does not indicate the above recommended pain assessment. The documentation does not indicate satisfactory functional improvement or pain relief on current or prior Norco and suggests that the patient is self escalating his own Norco. A review of the documentation indicates that prior to surgery the Norco was not effective in relieving the patient's pain or causing a significant objective improvement function. The request for continued Norco is not medically necessary.