

<b>Case Number:</b>	CM15-0096145		
<b>Date Assigned:</b>	05/26/2015	<b>Date of Injury:</b>	12/07/2009
<b>Decision Date:</b>	06/24/2015	<b>UR Denial Date:</b>	05/09/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/19/2015

### 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

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 60-year-old male who sustained an industrial injury on 12/07/2009. Diagnoses include chronic back pain due to disk disease, spondylosis, facet joint dysfunction, radicular symptoms in legs, synovial cyst, L5 nerve root irritation, myofascial pain, and depression or anxiety. Treatment to date has included medications, and epidural steroid injections. Magnetic Resonance Imaging of the lumbar spine done on 10/23/2013 revealed a right synovial cyst at L4-5 impinging the traversing right L5 nerve root. A physician progress note dated 03/10/2015 documents the injured worker has leg and back pain. He rates his pain as 6 out of 10. He has left sciatic pain to the left lateral proximal calf. The injured worker receives 80% relief with Norco. Naproxen provides him with substantial relief and enables him to work with permanent restrictions in place regarding his back. On 04/21/2015 a physician progress note documents the injured worker has complaints of significant lower back problems. The pain is bilateral but worse on the left side. He rates his pain as 7 out of 10 on the Visual Analog Scale. He does get significant relief with the use of Norco and Naproxen which he has used for several years. Lumbar spine range of motion is restricted. And there is tenderness over both sacroiliac joints. Sacroiliac joint dysfunction is positive on both sides including Faber and Yeager. There is no definite area of numbness in the lower extremities. The treatment plan includes bilateral sacroiliac joint injections, Naproxen, Norco, and laboratory tests-metabolic panel and CBC in connection with chronic medication use. Treatment requested is for Norco 7.5/325 mg #60.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 7.5/325 mg #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 91.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page(s): 44, 47, 75-79, 120 of 127.

**Decision rationale:** Regarding the request for Norco (hydrocodone/acetaminophen), California Pain Medical Treatment Guidelines state that this is an opiate pain medication. Due to high abuse potential, close follow-up is recommended with documentation of analgesic effect, objective functional improvement, side effects, and discussion regarding any aberrant use. Guidelines go on to recommend discontinuing opioids if there is no documentation of improved function and pain. Within the documentation available for review, there is no indication that the medication is improving the patient's function (in terms of specific examples of functional improvement), no documentation regarding side effects, and no discussion regarding aberrant use. As such, there is no clear indication for ongoing use of the medication. Opioids should not be abruptly discontinued, but unfortunately, there is no provision to modify the current request to allow tapering. In light of the above issues, the currently requested Norco (hydrocodone/acetaminophen) is not medically necessary.