

<b>Case Number:</b>	CM13-0012168		
<b>Date Assigned:</b>	12/18/2013	<b>Date of Injury:</b>	07/31/1996
<b>Decision Date:</b>	01/29/2014	<b>UR Denial Date:</b>	08/07/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/16/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Pain Management, has a subspecialty in Disability Evaluation and is licensed to practice in California. 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 physician 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

On September 31, 1996, the claimant was moving a television from truck to a stand. The stand was several inches lower from the truck level, so he had to lower his back and TV at the same time, he felt a pop with severe pain in his low back radiating down into his right leg causing immediate onset of pain. Subsequent to that, he underwent multiple examinations, multiple injections, and multiple therapies including chiropractic and physical therapy; none of which were functional until 2009 in [REDACTED], he was given fusion of L5-S1 and L4-L5. This seemed to improve his back pain significantly. He subsequently settled his case through the workman's compensation claim format, and was awarded future medical care. He continues to experience chronic lower back pain and has been prescribed lyrica and Norco for pain. At issue is whether the prescription of Norco 10/325mg #40 was medically necessary.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norcol 10/325mg #40:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 80.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 52, 76, 77 and 93.

**Decision rationale:** The Physician Reviewer's decision rationale: CA-MTUS (July 18, 2009) Chronic Pain Medical Treatment Guidelines Norco (Hydrocodone (is a semi-synthetic opioid) and Acetaminophen) is Indicated for moderate to moderately severe pain. They are considered the most powerful class of analgesics that may be used to manage chronic pain. These medications are generally classified according to potency and duration of dosage duration. Evidence-based guidelines recommend the use of opioid pain medications for the short-term treatment of moderate to severe pain. Ongoing use of opiate medication may be recommended with documented pain relief, an increase in functional improvement, a return to work and evidence of proper use of the medications. Supplemental doses of break-through medication may be required for incidental pain, end-of dose pain, and pain that occurs with predictable situations. When discontinuing opiate pain medication a slow taper is recommended to wean the patient. Besides results of studies of opioids for musculoskeletal conditions (as opposed to cancer pain) generally recommend short use of opioids for severe cases, not to exceed 2 weeks, and do not support chronic use (MTUS page 82). CA-MTUS section on Opioids Ongoing Management recommends "Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects, The patient states that he takes Norco 10/325mg on as needed basis, and only takes about 45 tablets per Month. The guideline does not recommend chronic use of opioids; therefore the request for Norco 10/325 mg#40 is not medically necessary.