

<b>Case Number:</b>	CM14-0009080		
<b>Date Assigned:</b>	01/29/2014	<b>Date of Injury:</b>	12/15/2002
<b>Decision Date:</b>	06/20/2014	<b>UR Denial Date:</b>	12/27/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/06/2014

### 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. The expert reviewer is Board Certified in Anesthesiology Pain Medicine and is licensed to practice in Florida. 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/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:

The injured worker is a 42 year old female with a reported date of injury on 12/15/2002. The mechanism of injury was not submitted within the medical records. The progress note dated 12/27/2013 reported the injured worker's list of medications included Flexeril, Motrin, Norco, Duragesic, Cymbalta, and Sudafed. The injured worker's diagnoses were listed as spinal/lumbar degenerative disc disease, post lumbar laminectomy syndrome, and chronic back pain. The progress note dated 12/06/2013 listed urine toxicology with positive results of hydrocodone, norhydrocodone, hydromorphone, Fentanyl, and norfentanyl. The progress note reported the injured worker's pain level was unchanged since prior visit. The request for authorization for Norco 10/325mg tablets; take 1 six times a day as needed, QTY: 168 were dated 11/12/2013.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**NORCO 10/325 MG TABLET, TAKE 1 SIX TIMES A DAY AS NEEDED QUANTITY 168:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines MTUS Chronic Pain Medical Treatment Guidelines, Opioids for chronic use Page(s): 78-80.

**Decision rationale:** The request for Norco 10/325mg tablet, take 1 six times a day as needed, quantity 168 is not medically necessary. The injured worker has been prescribed this medication for over 6 months. The California Chronic Pain Medical Treatment guidelines recommend ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. 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. Opioids have been suggested for neuropathic pain that has not responded to first-line medications (antidepressants, anticonvulsants). In regards to chronic back pain, opioids appear to be efficacious but limited for short-term pain relief, and longterm efficacy is unclear (>16 weeks), but also appears limited. The injured worker has been taking Norco for several months with no reduction in pain. The efficacy of the medication was unclear. The requesting physician did not include an adequate and complete assessment of the injured workers pain. Therefore, the request is not medically necessary.