

<b>Case Number:</b>	CM14-0104142		
<b>Date Assigned:</b>	07/30/2014	<b>Date of Injury:</b>	01/08/2004
<b>Decision Date:</b>	09/22/2014	<b>UR Denial Date:</b>	06/11/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/07/2014

### 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 Physical Medicine & Rehabilitation and is licensed to practice in Texas and Oklahoma. 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 34-year-old male, who reported injury on 01/08/2004. The mechanism of injury was not submitted in the report. The injured worker has diagnoses of lumbar disc herniation, left S1 radiculopathy, left L4-5 annular tear, and postoperative headache and speech difficulty. Past medical treatment consists of radiofrequency ablation, steroid epidural injections, surgery, physical therapy, and medication therapy. Medications include Norco 10/325 one tablet every 4 to 6 hours and Verapamil 120 mg daily. The frequency and duration were not submitted in the report. An MRI was obtained on 11/11/2012, which showed a decrease in the size of the L5-S1 disc, which was previously a 5 or 6 mm. There was no convincing evidence to support any fragmentation, but there was still persistent S1 nerve root effacement. The injured worker is recent postop surgical intervention with significant complications following the most recent surgery, including persistent headaches and episodes of difficulty with speech. It was not documented in the progress note when surgery was done. The injured worker complained of low back pain, headaches, and significant difficulty breathing. The injured worker rated his pain at a 4/10 with medication and an 8/10 without medication. Physical examination, dated 07/03/2014, that there was mild droop on the left side of his face, and he was speaking with a slurred speech. On extremity exam, motor strength was 5/5 throughout. Sensation was intact. The treatment plan was for the injured worker to continue the use of Norco 10/325. He will also continue with urine tests and follow-up appointments with the provider. The rationale provided for continuation of the medication is that the provider feels that as of right now it is not recommended to interfere with the pain medications of the injured worker. The Request for Authorization form was submitted on 01/10/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 10/325mg #150:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of Opioids.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Norco; On-Going Management and Opioids for chronic pain Page(s): 75, 78, 80.

**Decision rationale:** The request for Norco 10/325 mg #150 is not medically necessary. The injured worker complained of low back pain, headaches, and significant difficulty breathing. The injured worker rated his pain at a 4/10 with medication and an 8/10 without medication. The California Medical Treatment Utilization Schedule (MTUS) guidelines state that opioids (Norco) appear to be efficacious but limited for short-term pain relief, and long-term efficacy is unclear (>16 weeks), but also appears limited. Failure to respond to a time limited course of opioids has led to the suggestion of reassessment and consideration of alternative therapy. There is no evidence to recommend one opioid over another. For ongoing management, there should be documentation of the 4 A's including analgesia, activities of daily living, adverse side effects and aberrant drug taking behavior. California MTUS guidelines also indicate that the use of drug screening is for patients with documented issue of abuse, addiction, or poor pain control. MTUS guidelines also state that an 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. The documentation submitted for review indicated that Norco was helping the injured worker. However, there was no quantified information regarding pain relief. There was also no assessment regarding current pain on a VAS, average pain, intensity of pain, or longevity of pain. There was a drug screen dated 05/02/2014 that revealed that the injured worker was in compliance with his medications, but the efficacy, again, of the medication was not provided. In addition, there was no mention of a lack of side effects. Given the above, the request for ongoing use of Norco 10/325 is not supported by the California Medical Treatment Utilization Schedule Guidelines recommendations. As such, the request for Norco 10/325 is not medically necessary.