

<b>Case Number:</b>	CM14-0105487		
<b>Date Assigned:</b>	08/01/2014	<b>Date of Injury:</b>	02/29/2008
<b>Decision Date:</b>	10/08/2014	<b>UR Denial Date:</b>	06/27/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/08/2014

### 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 Neurology, has a subspecialty in Neuromuscular Medicine and is licensed to practice in New Jersey. 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 patient is a 51-year-old man who sustained a work related injury on February 29, 2008. Subsequently, he developed low back pain. The patient underwent pedicle screw hardware removal on October 16, 2013. According to a progress reported dated June 12, 2014, the patient continues to have ongoing pain in his lower back, aggravated by any type of bending, twisting, and turning. He rated his pain as 8/10. The patient continued to complain of pain in both hips. His physical examination of the posterior lumbar musculature revealed a well healed scar. There were numerous trigger points, which were palpable and tender throughout the lumbar paraspinal muscles. The patient has decreased range of motion in his lumbar spine. His neurologic examination was normal. The straight leg raise in the modified sitting position is positive at 65 degrees bilaterally, which caused radicular symptoms. Lumbar spine CT performed on March 6, 2013 revealed surgical fusion of the L3-4, L4-5 vertebral bodies with laminotomy at L4. The patient was diagnosed with lumbar post laminectomy syndrome, medication induced gastritis, and bilateral hip greater trochanteric bursitis. The patient received 4 trigger-point injections with good pain relief of greater than 50% and an increased range of motion. The provider requested authorization for Norco.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco Tablets 10/325mg #120:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines On-Going Management Page(s): 74-97.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for Use of Opioids Page(s): 76-79.

**Decision rationale:** According to MTUS guidelines, Norco (Hydrocodone/Acetaminophen) is a synthetic opioid indicated for the pain management but not recommended as a first line oral analgesic. In addition and according to MTUS guidelines, ongoing use of opioids should follow specific rules: (a) Prescriptions from a single practitioner taken as directed, and all prescriptions from a single pharmacy.(b) The lowest possible dose should be prescribed to improve pain and function.(c) Office: Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non-adherent) drug-related behaviors. These domains have been summarized as the "4 A's" (analgesia, activities of daily living, adverse side effects, and aberrant drug taking behaviors). The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework. According to the patient file, there is no objective documentation of pain and functional improvement to justify continuous use of Norco. Norco was used for longtime without documentation of functional improvement or evidence of return to work or improvement of activity of daily living. Therefore, the prescription of NORCO 10/325 mg #120 is not medically necessary.