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| <b>Case Number:</b>   | CM14-0113287 |                              |            |
| <b>Date Assigned:</b> | 08/01/2014   | <b>Date of Injury:</b>       | 01/09/1985 |
| <b>Decision Date:</b> | 11/26/2014   | <b>UR Denial Date:</b>       | 06/16/2014 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 07/21/2014 |

### 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 and Rehabilitation, has a subspecialty in Pain Medicine 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 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:

This is a patient with a date of injury of January 9, 1985. A utilization review determination dated June 16, 2014 recommends non-certification of Norco. A progress report dated July 15, 2014 identifies subjective complaints of ongoing low back pain radiating into the buttocks and legs. Kadian, Norco, and Xanax were denied. The note indicates that pain medications to reduce the patient's pain. Physical examination findings reveal restricted lumbar range of motion with decreased strength in the left lower extremity. Diagnoses include a failed back surgery syndrome, bilateral radiculopathy, lumbar degenerative disc disease, lumbar facet joint pain, status post cervical fusion, cervical stenosis, cervical degenerative disc disease, and cervical facet arthropathy. The treatment plan recommends Kadian, Norco, and Xanax. The note indicates that Norco provides 70% decrease of the patient's pain with 70% improvement of the patient's activities of daily living such as self-care and dressing. The note indicates that the patient's disability index score is 26 with the use of Norco and 33 without the use of Norco. The patient has failed physical therapy, home exercise program, and NSAID medication. The patient has a pain contract and urine drug screens have been consistent. There are no adverse effects from the medication and there has been no aberrant behavior with regards to its use. Similar improvements are described with Xanax and Kadian.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 10/325mg #90 with 1 refill (1 tablet three times a day as needed for pain):**  
Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Hydrocodone/Acetaminophen (Norco), Opioids for Chronic Pain Page(s).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 44, 47, 75-79, 120.

**Decision rationale:** Regarding the request for Norco (Hydrocodone/APAP) California Pain Medical Treatment Guidelines state that Ultram 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, the requesting physician has stated that the medication improves the patient's pain and function. Additionally, no side effects have been reported, and the requesting physician has stated that urine drug screens are being used to reduce the risk of aberrant use. As such, the currently requested Norco (Hydrocodone/APAP) is medically necessary