

<b>Case Number:</b>	CM14-0153239		
<b>Date Assigned:</b>	09/23/2014	<b>Date of Injury:</b>	06/21/2003
<b>Decision Date:</b>	10/24/2014	<b>UR Denial Date:</b>	08/22/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/19/2014

### 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 52-year-old man who sustained a work related injury on June 21, 2003. Subsequently, he developed low back pain. The patient underwent L4-S1 decompression and fusion on September 27, 2004; permanent spinal cord stimulator implant on June 10, 2008 with subsequent bilateral posterior decompression from L2 to the sacrum with discectomy at L2-3 and decompression fusion from L2-S1 in March of 2009; right shoulder surgery on July 31, 2008; hardware removal with inspection of fusion mass from L4-S1 with bilateral laminotomies at L3-4; posterolateral arthrodesis L3-4 on October 26, 2010; carpal tunnel and trigger finger release on November 22, 2011; and additional hardware removal on March 4, 2013. Other type treatments that the patient had undergone include: epidural steroid injections, physical therapy, chiropractic, cognitive behavioral therapy, HEP, medications, and activity modifications. According to a progress report dated July 30, 2014, the patient reports back pain radiating from low back down both legs. He reported poor quality of sleep. Pain was stable down both buttocks. His physical examination of the lumbar spine revealed healing surgical scar posterior spine, tenderness with reduced range of motion. Patient can't walk on heel and can't walk on toes. Straight leg raising test was positive on the left side. Motor testing was limited by pain. On sensory examination, light touch sensation is patchy in distribution; sensation to pin prick is patchy in distribution. No involuntary movements are noted. The UDS dated September 11, 2013 was consistent with Duragesic, Norco, Paxil and inconsistent with Gabapentin and soma. The patient was diagnosed with post lumbar laminectomy syndrome, disc disorder lumbar, sacroiliac pain, lumbar/lumbosac disc degeneration, and lumbar disc displacement. 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 10/325mg #60, 1 by mouth every 4-6 hours:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Steps to Take Before a Therapeutic Trial of Opioids, page 76; Opio.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of opioids Page(s): 179.

**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. 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. Information from family members or other caregivers should be considered in determining the patient's response to treatment. The 4 A's for Ongoing Monitoring: 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>There is no documentation of functional and pain improvement with previous use of Norco. The patient continued to have back pain after 11 years post surgery despite long term use of opioids. Therefore, the prescription of Norco 10/325 mg #60 is not medically necessary.