

<b>Case Number:</b>	CM14-0185008		
<b>Date Assigned:</b>	11/12/2014	<b>Date of Injury:</b>	07/30/2003
<b>Decision Date:</b>	12/15/2014	<b>UR Denial Date:</b>	10/17/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/06/2014

### 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 Internal 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:

The injured worker (IW) is a 65-year-old man with a date of injury on July 30, 2003. The mechanism of injury was not provided in the medical record. The IW was diagnosed with back pain, lumbar disc herniation, and obesity. MRI dated August of 2014 revealed mild anterior wedging at L1, posterior degenerative changes at L5, and T12-L1 facet arthropathy. Pursuant to the most recent progress reports dated October 10, 2014, the IW complains of back and knee pain that was rated 7-8/10 on a pain scale. His weight was down from 372 pounds to 305 pounds. He was using an exercise bike which had been helpful. Physical examination revealed full bending, but he was slow to return. There was pain with lumbar extension. Straight leg raise test was positive on the right at 70 degrees. The knees were noted to have crepitus but were not swollen. No other physical examination findings were documented. Documentation indicated the IW was taking Oxycodone since at least April of 2014. The IW started taking Nucynta 75mg in May of 2015. A prescription was written in July of 2014 for Ultram 50mg. A June 2014 progress note indicated that the IW had drug withdrawal syndrome and the plan was to wean off opioids. In August of 2014, the provider prescribed Tramadol 50mg #120, and Percocet 2.5/325mg #60. In the September 9, 2014 note, the IW was prescribed Norco 10/325mg #240. There was no documentation that the prior opioids had been discontinued. There were further prescriptions in the chart for Norco and tramadol dated October of 2014, and one dated for November of 2014, not be filled before November 8, 2015. There was no documentation in the medical record that the Norco was helpful at reducing pain. Additionally, there was no documentation that the pain was limiting activities or if the IW desired stronger analgesics.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 10/325 mg # 120 with one refill:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 81, 91.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for Opiate Use Page(s): 74-96. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Pain Section, Opiates

**Decision rationale:** Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Norco 10/325 mg #120 with one refill is not medically necessary. Long-term opiate use requires ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improve quality of life. The lowest possible dose should be prescribed to improve pain and function. In this case, the injured worker was using multiple opiate medications. Several months prior to the request the injured worker was taking Oxycodone and Nucynta. In August 2014 the injured worker was taking Tramadol 50 mg two tablets every 6 to 8 hours as needed and Percocet 1 to 2 tablets every six hours as needed. There are no pain assessments in the medical record. There is no clinical indication for multiple opiate medications without the appropriate documentation supporting an ongoing review and documentation as to pain relief, functional status, appropriate medication use and side effects. In a September 9, 2014 progress note there are no entries regarding the discontinuation of Percocet or Nucynta, however, the entry does state Norco 10/325 1 to 2 tablets every six hours PRN #240. The treating physician copied ongoing prescriptions for Ultram and Norco for October with an identical prescription for November 2014 (not to be filled before November 8, 2014). The request by the treating physician is for Norco 10/325#120 with one refill. Consequently, Norco 10/325#120 with one refill is not medically necessary. Based on the clinical information in the medical record and peer-reviewed evidence-based guidelines, Norco 10/325#120 with one refill is not medically necessary.