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| <b>Case Number:</b>   | CM14-0043292 |                              |            |
| <b>Date Assigned:</b> | 07/02/2014   | <b>Date of Injury:</b>       | 08/16/2010 |
| <b>Decision Date:</b> | 07/31/2014   | <b>UR Denial Date:</b>       | 03/12/2014 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 04/11/2014 |

### 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 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 is a 40-year-old male who reported an injury on 08/16/2010 after slipping and falling on a wet surface. The injured worker suffered injuries to his low back, right knee, right ankle, and right foot. The injured worker was diagnosed with chronic regional pain syndrome I, injury to ankle, and degeneration of lumbar intervertebral disc. He was placed on conservative care including rest, 24 sessions of physical therapy, acupuncture, and placed on Norco and gabapentin. A lumbar MRI on 12/15/2010 confirmed a mild central posterior disc bulge at L3-4, consistent with chronic degenerative disc disease. No stenosis or impingement was noted. An EMG revealed no lumbar radiculopathy. The physician notes the injured worker remains symptomatic with pain reported at 9/10 on the pain scale and ambulates with an antalgic gait favoring his right lower extremity. The physician is requesting a decision for Norco 10/325 mg, 90 count.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 10/325 mg #90 Wean with Target of Completely off Medication: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines, Opioids for Neuropathic Pain. Chronic Pain Medical Treatment Guidelines, Weaning of Medication Page(s): 82 & 124.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Weaning of Medications Page(s): 124.

**Decision rationale:** The California MTUS weaning of medications guidelines recommends this modality of treatment as indicated below. For opioids, a slow taper is recommended. The longer the patient has taken opioids, the more difficult they are to taper. The process is more complicated with medical co-morbidity, old age, female gender, and the use of multiple agents. Gradual weaning is recommended for longterm opioid users because opioids cannot be abruptly discontinued without probable risk of withdrawal syndromes. Opioid weaning should include the following: (a) Start with a complete evaluation of treatment, co-morbidity, and psychological condition; (b) Clear written instructions should be given to the patient and family; (c) If the patient cannot tolerate the taper, refer to an expert; (d) Taper by 20% to 50% per week of the original dose for patients who are not addicted; (e) A slower suggested taper is 10% every 2 to 4 weeks, slowing to reductions of 5% once a dose of one third of the initial dose is reached; (f) Greater success may occur when the patient is switched to longer acting opioids and then tapered; (g) Office visits should occur on a weekly basis; (h) Assess for withdrawal using a scale such as the Subjective Opioid Withdrawal Scale and the Objective Opioid Withdrawal Scale; and (i) Recognize that this may take months. Tapering is required if used for greater than 2 weeks. Regarding the MTUS Guidelines, the injured worker is being prescribed medications at his current level and he is receiving them for a 90-day period. The physician should have started at a lower dose rate 20% to 50% for the initial week, rather than continuing at the current rate. The physician does not make mention of this medication being addressed on a weekly basis and the physician has no further guidelines beyond suggesting this particular morbidity. As such, the request is not medically necessary.