

<b>Case Number:</b>	CM14-0089338		
<b>Date Assigned:</b>	07/23/2014	<b>Date of Injury:</b>	09/02/1991
<b>Decision Date:</b>	10/01/2014	<b>UR Denial Date:</b>	06/05/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/13/2014

### 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 and is licensed to practice in Alabama. 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 61 year old male who was injured on 09/02/1991 while working as a truck driver when he was assaulted on the job by another co-worker. Prior treatment history has included physical therapy, HELP program. Prior medication history as of 10/03/2013 included Norco 10/325, Senokot, Lidoderm 5% patch, and Fentanyl. Progress report dated 07/03/2014 indicates the patient presented with complaints of constant low back pain. He reported without his medications, his pain is 10/10 and he would be bed bound. With his current medication his pain is tolerate at 4-5/10 and he is able to do his daily activities. The patient would like to wean down medication but requested Norco while medications are being weaned. Objective findings on exam revealed back range of motion exhibits flexion to 70 degrees and extension to 20 degrees. He has tenderness to palpation across his neck and back. His strength is 4/5 in the lower extremities. Deep tendon reflexes are 2/4 in lower extremities except the ankles which are 1/4. Range of motion of the neck revealed flexion of 20 degrees and extension of 20 degrees. The patient is diagnosed with cervical intervertebral degenerative disk disease; lumbar intervertebral disc disease and lumbago. He is recommended Duragesic 100 mcg; Norco 10/325 mg for breakthrough pain; Senokot; Lidoderm 5% patch; Protonix for medication induced GERD. Prior utilization review dated 06/05/2014 states the request for 1 Prescription of Norco 10/325 mg #240 is denied as additional weaning medication is not necessary.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**1 Prescription of Norco 10/325 mg #240: Overturned**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Norco Page(s): 74-80.

**Decision rationale:** The above MTUS guidelines for on-going management of opioids states that actions should including "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 nonadherent) 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 for documentation of the clinical use of these controlled drugs." These guidelines also state that "Short-acting opioids: also known as "normal-release" or "immediate-release" opioids are seen as an effective method in controlling chronic pain." In this case, progress note from 7/3/14 addressed the above actions by reporting "Without his medication his pain is 10/10 and he would be bed bound. With his current medication his pain is tolerable at 4-5/10 and he is able to do his daily activities. He wants to continue to wean down on his medication but will need the Norco while the medications are being weaned. He denies side effects from the medications. In an effort to wean down on the medication he is willing to decrease the Kadian to 40mg q 12 hrs but he will need Norco for breakthrough pain during his wean." The progress note addresses the pain relief, side effects, physical functioning, and does not mention any aberrant drug-related behaviors." In addition, the Norco is being used to assist in weaning Kadian. Therefore, based on the above guidelines and criteria as well as the clinical documentation stated above, the request is medically necessary.