

<b>Case Number:</b>	CM14-0094423		
<b>Date Assigned:</b>	09/12/2014	<b>Date of Injury:</b>	06/06/2005
<b>Decision Date:</b>	10/31/2014	<b>UR Denial Date:</b>	06/13/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/20/2014

### 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 Pain Management 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 43 year-old male who sustained an injury on 05/18/05. As per the report of 06/03/14, he complained of pain in the low back. He rated this pain at 6/10. Magnetic resonance imaging scan of the lumbosacral spine dated 07/07/05 revealed mild bulging at L3-4 and L4-5. He previously had urine drug screens from 12/03/13 to 05/06/14, which were positive for opiates and other substances. Most recent urine drug screen on 06/03/14 was positive for marijuana and opiates. Current medications include Kadian, Norco, Cyclobenzaprine, Sentra, and Anaprox. He reported that current medications control his pain without side effects, improves his function and allows activities of daily living. Diagnoses include lumbosacral spondylosis and disc degeneration, and cervical spondylosis. He has been taking Norco since long time and on 03/19/14, Norco was certified for weaning over three months. There is no documentation regarding physical examination, past surgeries, and treatments. The request for Norco 10/325 mg #75 was denied on 06/13/14 in accordance with medical guidelines.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 10/325 mg #75:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Hydrocodone (Vicodin, Lortab), Opioids; Opioids, specific drug list Page(s): 51, 74, 91.

**Decision rationale:** Norco (Hydrocodone/Acetaminophen) is indicated for moderate to severe pain. It is classified as a short-acting opioids, often used for intermittent or breakthrough pain. Guidelines indicate "four domains have been proposed as most relevant for ongoing monitoring of chronic pain workers on opioids; pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non-adherent) drug-related behaviors. In this case, there is little to no documentation of any significant improvement in pain level (i.e. visual analog scale) or function with continuous use to demonstrate the efficacy of this medication. The urine tests have showed evidence of substance abuse. Furthermore, weaning over three months was previously recommended. Therefore, the medical necessity for Norco has not been established based on guidelines and lack of documentation.