

<b>Case Number:</b>	CM14-0178361		
<b>Date Assigned:</b>	10/31/2014	<b>Date of Injury:</b>	06/10/2009
<b>Decision Date:</b>	02/10/2015	<b>UR Denial Date:</b>	10/03/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/27/2014

### 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 32-year-old man who sustained a work-related injury on June 10, 2009. Subsequently, the patient developed chronic neck and back pain. According to the progress report dated August 5, 2014, the patient reported aching, sharp low back pain. Pain level was 7-8/10 and 6-7/10 with medication. Examination of the lumbar spine revealed decreased range of motion, pain of the right/left sciatic notch, right/left paraspinals, and of the lumbar spine. Positive straight leg raising at 15 degrees. Positive Braggard's test at 15 degrees. Positive Patrick Faberes test on the left/right side. Positive iliac compression test of the right/left side. A UDS collected July 10, 2013 indicated that hydrocodone was not detected. A UDS collected August 07, 2014 tested negative for hydrocodone and positive of Marijuana. The patient was diagnosed with lumbar radiculopathy and lumbar spine displacement without radiculopathy. 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 BID:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use & Weaning of medications.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of opioids Page(s): 76-79.

**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. 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>According to the patient file, there is no objective documentation of pain and functional improvement to justify continuous use of Norco. Norco was used since at least March 2011 without documentation of functional improvement or evidence of return to work or improvement of activity of daily living. In addition, the last UDS collected was inconsistent. Therefore, the prescription of Norco 10/325mg is not medically necessary.