

<b>Case Number:</b>	CM14-0184655		
<b>Date Assigned:</b>	11/26/2014	<b>Date of Injury:</b>	09/19/2006
<b>Decision Date:</b>	01/21/2015	<b>UR Denial Date:</b>	10/29/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/05/2014

### 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 Family 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:

This is a 59 years old male patient who sustained an injury on 9/19/2006. The current diagnoses include status post L4-L5 anterior posterior decompression and fusion with instrumentation, residual low back pain and right radicular pain, abdominal pain, GERD, opioid-induced constipation, depression, anxiety, and insomnia. Per the doctor's note dated 9/4/2014, he has tried nearly 6 weeks without the medication and has digressed overall and current level of pain has reached a high of 7-8/10. Of note, urine drug screen collected 9/4/2014 was positive for hydrocodone. Per the doctor's note dated 10/10/2014; he had pain at 5/10 with oral medications and at 9+/10 without medications. He was able to perform most activities of daily living with medication. The medications list includes estazolam, bupropion, risperidone, neurontin, Norco, zanaflex, colace, lidoderm patch, zetia, aspirin, benazepril, glyburide, pepcid and citrucil. He has had an EMG/NCV dated 3/1/2012 which revealed chronic right L5 radiculopathy, severe right peroneal motor neuropathy with site of lesion at the right L5 nerve root and mild right tibial motor neuropathy at the ankle; a CT myelogram of the lumbar spine dated 4/23/2012 which revealed status post interbody fusion at L4-5 and L5-S1, no evidence of pseudoarthrosis, multilevel lumbar spondylosis with moderate central canal stenosis at L4-5 and multilevel neuroforaminal stenosis. He had undergone L5-S1 ALIF on 8/25/2008, TDR at L4-5 on 5/10/2010, posterior bilateral decompression L4-5 with undercutting semi-hemilaminotomy, foraminotomy and fixation on 7/18/2011, and L4-5 revision fusion on 7/30/2012. He has had physical therapy visits and epidural steroid injection for this injury. He has had a urine drug screen report on 6/16/14 and 9/4/14 ( report given on 9/12/2014) which was positive for antidepressant, benzodiazepines and opioids.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 7.5/325mgm 1 by mouth twice per day #60 (prescribed 9/4/14): Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Criteria For Use Of Opioids Page(s): 76-80. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Chapter: Pain (updated 12/31/14), Opioids, criteria for use.

**Decision rationale:** Norco contains hydrocodone and acetaminophen. Hydrocodone is an opioid analgesic. According to the cited guidelines, "A therapeutic trial of opioids should not be employed until the patient has failed a trial of non-opioid analgesics. Before initiating therapy, the patient should set goals, and the continued use of opioids should be contingent on meeting these goals." The records provided do not specify that that patient had set goals regarding the use of opioid analgesic. The treatment failure with non-opioid analgesics was not specified in the records provided. Other criteria for ongoing management of opioids are: "The lowest possible dose should be prescribed to improve pain and function. Continuing review of overall situation with regard to nonopioid means of pain control. Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects...Consider the use of a urine drug screen to assess for the use or the presence of illegal drugs." The continued review of the overall situation with regard to non-opioid means of pain control was not documented in the records provided. Per the doctor's note dated 9/4/2014, he has tried nearly 6 weeks without the medication and has digressed overall and current level of pain has reached a high of 7-8/10. However per the note, urine drug screen collected 9/4/2014 was positive for hydrocodone. Therefore it is unclear if the pt had actually stopped the hydrocodone for 6 weeks. The patient has co-existing psychiatric conditions which put him at a higher risk for aberrant drug behavior or opioid misuse. This patient did not meet criteria for ongoing continued use of opioids analgesic. The medical necessity of Norco 7.5/325mgm 1 by mouth twice per day #60 (prescribed 9/4/14) was not established for this patient.