

<b>Case Number:</b>	CM14-0194192		
<b>Date Assigned:</b>	12/01/2014	<b>Date of Injury:</b>	01/07/2008
<b>Decision Date:</b>	01/21/2015	<b>UR Denial Date:</b>	11/13/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/19/2014

### 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 Anesthesiology, has a subspecialty 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:

This is a 54 year old injured worker (IW) who sustained an on the job injury 01/07/2008. As a result of the injury the IW has complaints of pain in the hip and back. Notes from a visit to the physician on 11/05/2014 documents his problem list as chronic pain, and a sprain of back NOS (no other symptoms). A full medical history is not given, and there is no documented history of physical therapy, chiropractic care, surgeries or injections. No diagnostic studies are included in the medical record, however the record of 05/20/14 does state that his medical history includes depression and anxiety and the IW is on Social Security Disability. A MRI dated 10/06/2010 indicates bilateral hip osteoarthritis and evidence of a left superior labral degeneration and tear. The IW notes pain in the left hip after 15 minutes of walking and a popping in the right hip when standing from a sitting position. A MRI of the spine done in 2012 shows a L5-S1 and degenerative disc bulge measuring 2mm with facet arthropathy and bilateral L5 foraminal narrowing with similar findings at the L4-5 level with moderate L4 trauma narrowing similar findings at L3-L4. Maximum medical improvement was noted to have been reached in May of 2012. In the most recent documented visit of 11/05/2014, the medication list includes Norco 10-325 one tablet three times a day for pain, Amitza 24 mg for constipation caused by Norco, Ambien 10 mg for pain at night, Adderall 10mg PRN to increase wakefulness (the IW states he takes this rarely and has had only two prescriptions over 5 years), and Amitriptyline 25 mg at bedtime. The IW stated that Norco was needed in order to maintain his ability to cope with activities of daily living. The visit of 11/05/2014 documented subjective complaints of pain and spasm in the lumbar spine and leg. No pain scale was indicated. Objective findings were documented that the IW could touch one toe with one hand but experienced spasms of the lumbar spine and complete loss of the reversal of the lumbar lordosis as result of the spasm. A urine drug screen was performed at the visit. The treating physician documented that the IW was

not taking an excess of the drug. A Request for Authorization (ROA) was initiated. The ROA stated that the "patient has been on Norco 10/325 for the last 4-5 years. He doesn't abuse the medication it relieves pain. There is no evidence of diversion. Four times a day for one month is 4x30 which equals 120 tablets of Norco 10/325." On 11/13/2014, the Utilization review (UR) agency issued a letter with modified approval, certifying a Norco 10/325 mg #20 (weaning) and non-certified the request for Norco 10/325 mg #100. California Medical Treatment Utilization Schedule (CA-MTUS) Chronic Pain, Opiates was cited and the UR based the modification on lack of documentation of radiculopathy and failure of the claimant to meet criteria for ongoing opiate management. The request for Norco 100/325mg #100 was deemed not medically necessary. The IW submitted an application for independent medical review (IMR) on 11/19/2014 requesting review of the modification of the Norco.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Norco 10/325mg #120:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-80. Decision based on Non-MTUS Citation Title 8, California Code of Regulations, section 9792.20

**Decision rationale:** MTUS Chronic Pain Medical Treatment Guidelines necessitate documentation that the prescriptions are from a single practitioner and are taken as directed; the lowest possible dose is being prescribed; and there will be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects, as criteria necessary to support the medical necessity of opioids. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. Within the medical information available for review, there is documentation of diagnoses of chronic pain and sprain of back NOS. In addition, there is documentation that there will be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. However, there is no documentation that the prescriptions are from a single practitioner and that the lowest possible dose is being prescribed. In addition, given medical records reflecting ongoing use of Norco for the past 4-5 years, and despite documentation that the patient takes Norco in order to maintain the ability to cope with the activities of daily living on a day-to-day basis and that it does take the edge off the pain, there is no documentation of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications as a result of Norco use to date. Therefore, based on guidelines and a review of the evidence, the request for Norco 10/325mg #120 is not medically necessary.