

<b>Case Number:</b>	CM14-0194973		
<b>Date Assigned:</b>	12/02/2014	<b>Date of Injury:</b>	03/12/2013
<b>Decision Date:</b>	01/16/2015	<b>UR Denial Date:</b>	10/20/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/20/2014

### 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 Occupational Medicine and is licensed to practice in Montana. 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 an iron worker with a date of injury of 3/12/13 when he slipped resulting in low back pain. Treatment has included physical therapy and medications including opioids, non-steroidal anti-inflammatory drugs, antidepressants and anticonvulsants. He has had epidural, facet and sacroiliac joint injections. MRI documented disc protrusion at L4-5 with annular tear. Subsequent MRI would show collapse at the L4-5 level. His current diagnoses are lumbar pain with lumbar radiculopathy with symptoms worse into the left leg including weakness. He is awaiting lumbar decompression with fusion at L4-5. Surgery has been approved by Utilization Review (UR) and is scheduled. The treating physician has requested continued use of Norco 10/325 #90.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 10-325 mg:** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 75-80, 91.

**Decision rationale:** Norco is a brand name for hydrocodone, a short-acting opioid analgesic, combined with acetaminophen. The MTUS states that opioids are not recommended as first line therapy for neuropathic pain. Opioids are suggested for neuropathic pain that has not responded to first line recommendations including antidepressants and anticonvulsants. The MTUS states that reasonable alternatives to opioid use should be attempted. There should be a trial of non-opioid analgesics. When subjective complaints do not correlate with clinical studies a second opinion with a pain specialist and a psychological assessment should be obtained. The lowest possible dose should be prescribed to improve pain and function. Ongoing use of hydrocodone/acetaminophen requires review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include: the least reported pain over the period since the last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. The most recent treatment note on 10/16/14 documents decrease in pain level and improved function with medications. He reports increased ability to function on a daily basis including cooking, cleaning and self-care. No significant side effects are reported. The primary treating physician reports no aberrant drug behaviors. There is a pain contract and urine drug screening is consistent with use. Weaning of medication has been discussed. Both the primary treating physician and patient are satisfied with the current level of analgesia provided. His treatment has included an antidepressant and anticonvulsant medication was not tolerated. His treatment is provided by a board certified pain specialist. Return to work is noted in the MTUS as criteria for ongoing use of opioid medications however in this case the injured worker has a surgical condition with surgery certified by UR and scheduled. Return to work is not clinically appropriate at this time. Hopefully return to work and weaning off of opioid medication can be accomplished postoperatively. The primary treating physician should include documentation for pain assessment including the least reported pain over the period since last assessment, average pain, intensity of pain after taking the opioid, long it takes for pain relief and how long pain relief lasts. With that said, his current use of Norco does appear to be appropriate. I am reversing the prior UR decision. The request for Norco (hydrocodone/acetaminophen) 10/325 #90 is medically necessary.