

<b>Case Number:</b>	CM14-0208909		
<b>Date Assigned:</b>	12/22/2014	<b>Date of Injury:</b>	03/15/2011
<b>Decision Date:</b>	02/17/2015	<b>UR Denial Date:</b>	11/18/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/15/2014

### 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 46-year-old man who sustained a work-related injury on March 15, 2011. Subsequently, the patient developed chronic low back pain. Prior treatments included: medications, chiropractic manipulation, physical therapy, acupuncture, anterior lumbar interbody fusion with a Medtronic 14 mm 12 degree lordosis implant with bone Morphogenic protein graft on August 24, 2011, and a lumbar epidural steroid injection on August 29, 2012. According to a post-op evaluation note dated August 30, 2014, the patient continued to have back pain. On examination, there was 1-2+ lumbar paraspinous muscle spasm. There was tenderness to palpation of these muscles. Range of motion was restricted with flexion at 60 degrees, extension at 25 degrees, right side bending at 25 degrees, and left side bending at 25 degrees. Deep tendon reflexes were 2+ bilaterally. Motor strength was 5/5 in all muscle groups tested. Straight leg raising in the supine position was negative bilaterally. Straight leg raising in the seated position was negative bilaterally. The patient was scheduled to see a pain management specialist on September 11th 2014 to take care of his pain medication. The patient was evaluated by his treating provider on November 6, 2014; however, this report was handwritten and largely illegible. The patient is taking Norco and gabapentin. The patient complained of increased anxiety and depression. The patient rated his pain level as an 8-9/10 without medication and 4-5/10 with medication. It was stated that the last UDS from October 2014 was consistent. 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 Tab 10-325mg to allow the patient this one refill for the purpose of weaning to discontinue, with reduction of MED by 10%-20% per week over a weaning period of 2-3 months:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Hydrocodone (Vicodone, Lortab), and Hydrocodone /Acetaminophen, an. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter, Opioids for Chronic Pain, Hydrocodone

**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 for longtime without documentation of functional improvement or evidence of return to work or improvement of activity of daily living. Therefore, the prescription of Norco 10/325mg is not medically necessary.