

<b>Case Number:</b>	CM14-0209973		
<b>Date Assigned:</b>	12/23/2014	<b>Date of Injury:</b>	07/20/2007
<b>Decision Date:</b>	02/17/2015	<b>UR Denial Date:</b>	12/04/2014
<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 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 has a date of injury of 7/20/07 when she injured the low back while placing items into a trash compactor. The medical records indicate that she has had chronic low back pain since that time. Treatment has included opioid analgesics, ibuprofen, meloxicam and Skelaxin. She has had physical therapy without benefit and facet injections have been recommended. Treatment notes on 9/9/14, 10/14/14, 11/11/14 indicate that current medications include Percocet and ibuprofen. The primary treating physician is requesting prescription for Norco 10/325 every 6 hours as needed #120.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 10/325mg every 6 hours as needed, #120.:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids. Page(s): 75-80 and 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. In this case the medical records indicate that the injured worker continues to use Percocet and ibuprofen. The amount of Percocet used to daily is not indicated. The records do document that there are no aberrant pain behaviors or signs of abuse. Urine drug testing has been performed and there is a pain contract. It is noted that the medications provide significant pain relief and allow improved functional status and performance of ADLs with no side effects. There is no documentation of failure to respond to first line recommendations including non-opioid analgesics, antidepressants and anticonvulsants. The medical records are not clear whether the request for Norco is in addition to use of Percocet. The primary treating physician should clarify this issue. At this time the request for Norco 10/325 every 6 hours #120 is not medically necessary.