

<b>Case Number:</b>	CM14-0045960		
<b>Date Assigned:</b>	07/02/2014	<b>Date of Injury:</b>	02/05/2002
<b>Decision Date:</b>	05/22/2015	<b>UR Denial Date:</b>	04/09/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/14/2014

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: Arizona, California

Certification(s)/Specialty: Family Practice

### 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 a 72 year old male, who sustained an industrial injury on 2/05/2002. The mechanism of injury was not noted. The injured worker was diagnosed as having lumbago. Treatment to date has included low back pain (stable and less than neck and shoulder) and neck muscle spasm. Several documents within the submitted medical records are difficult to decipher. On 10/09/2013, the injured worker reported chronic neck and back pain, rated 8/10, noting no new changes in pain. The use of Vicodin was noted since at least 2/02/2012. On 4/03/2014, he reported chronic neck and back pain, rated 8/10. He reported no new changes in pain but an increase in muscle spasms. He was previously documented as running out of pain medications since the pharmacy did not dispense the requested amount. He was documented as having an increase in pain and has been forced to buy medication on his own due to medication denials. He stated he does not know how he will get by on only 150 tablets per month (Norco). Pain levels appeared consistent for several months rated at 8/10. Changes in his pain levels/function were not noted. Treatment request included Norco 10/325mg (1-2 tabs every 4 hours) #150 with 2 refills.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco (Hydrocodone-Acetaminophen) 10/325 mg, #150 with 2 refills: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Hydrocodone/Acetaminophen, Opioids for Chronic Pain.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines opioids  
Page(s): 82-92.

**Decision rationale:** Norco is a short acting opioid used for breakthrough pain. According to the MTUS guidelines, it is not indicated as 1st line therapy for neuropathic pain, and chronic back pain. It is not indicated for mechanical or compressive etiologies. It is recommended for a trial basis for short-term use. Long Term-use has not been supported by any trials. In this case, the claimant had been on Hydrocodone (Vicodin) since at least 2012. Although the pain was significant when the claimant was recently off of Norco, titration rather than high dose is more appropriate. There was no mention of Tricyclic failure. A weaning protocol from 200 to 150 tablets was also not established. In addition, future response to medication cannot be determined and 2 additional refills of Norco is not medically necessary.