

<b>Case Number:</b>	CM14-0069102		
<b>Date Assigned:</b>	07/14/2014	<b>Date of Injury:</b>	07/17/2009
<b>Decision Date:</b>	02/18/2015	<b>UR Denial Date:</b>	05/02/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/14/2014

### 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: North Carolina, Georgia  
 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 claimant had a date of injury of 7/17/2009. Diagnoses included low back status post failed back surgery, hypertension, insomnia, erectile dysfunction, obesity, depression and anxiety. Surgical treatments include lumbar decompression and fusion in 2010 and ORIF right femur in 2013. Current treatments include medications, epidural steroid injections and weight loss program. There is consideration of further surgical intervention. Current medication regimen includes Dilaudid and Norco. Significant debilitating pain is reported despite the medication use. Prior peer review decisions have indicated a need for weaning because of the high MED of the regimen (initially 400 MED, where the recommendation is not to exceed 120 MED). The original UR decision for this request of Norco 10/325 mg #180 with one refill was modified to approve #180 to allow for weaning below 120 MED over 2-3 months by decreasing MED 10-20 % per week.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 10/325mg #180 with one refill only:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Section 2  
Page(s): 74-89.

**Decision rationale:** The CA MTUS allows for the use of opioid medication, such as Norco, for the management of chronic pain and outlines clearly the documentation that would support the need for ongoing use of an opioid. These steps include documenting pain and functional improvement using validated measures at 6 months intervals, documenting the presence or absence of any adverse effects, documenting the efficacy of any other treatments and of any other medications used in pain treatment. MED should not exceed 120. The medical record in this case describes significant pain that persists despite high levels of opioid use, indicating that the medication is not effective in reducing the pain. This is an indication for weaning according to the CA MTUS guidelines. Multiple previous decisions have indicated a need for ongoing weaning with a goal of less than 120 MED. The UR decision in this case modified to request to Norco 10-325 3180 for weaning over a 2-3 month period to an MED (inclusive of both Norco and Dilaudid) of 120 or less. This decision is upheld and the request for Norco 10-325 #180 with one refill is not medically indicated.