

<b>Case Number:</b>	CM14-0087609		
<b>Date Assigned:</b>	07/23/2014	<b>Date of Injury:</b>	12/14/2008
<b>Decision Date:</b>	03/31/2015	<b>UR Denial Date:</b>	06/02/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/11/2014

### 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: California  
 Certification(s)/Specialty: Emergency Medicine

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This 37 year old woman sustained an industrial injury on 12/14/2008 to her back due to cumulative trauma. Current diagnoses include status post L5-S1 fusion, L4-L5 disc protrusion, and left sacilitis. Treatment has included oral medications, activity modification, epidural steroid injection, physical therapy, and surgical interventions. Physician notes dated 5/20/2014 show improving back and neck pain. Improvement has been estimated at 65% and she has been able to decrease her medication use substantially to use of Norco only. Recommendations include Norco refill with plans to wean. On 6/2/2014, Utilization Review evaluated a prescription for Norco 10/325mg 1-2 tabs every 4-6 hours as needed for pain #120 with five refills, that was submitted on 6/12/2014. The UR physician noted there was no documentation that the prescriptions were from a single provider, were taken as directed, and the lowest dose possible was used. Further, it was not clear if there would be ongoing review and documentation of pain relief, functional status, appropriate use, and side effects. The MTUS, ACOEM Guidelines, (or ODG) was cited. The request was denied and subsequently appealed to Independent Medical Review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**NORCO 10/325MG 1-2 TAB EVERY 4-6HRS PRN FOR PAIN #120 5 REFILLS:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS Page(s): 78-80, 124, 91.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids for osteoarthritis; Opioids, long-term assessment Page(s): 83; 88-89.

**Decision rationale:** The request is for Norco 10/325mg 1-2 tab every 4-6 hours PRN for pain #120 with 5 refills. Norco is an oral formulation of hydrocodone/acetaminophen for the treatment of moderate to severe pain. Per the records available for review, the injured worker has been on this dosing regimen for some time. Opioids are not recommended as a first-line therapy for osteoarthritis. Opioids are recommended on a trial basis for short-term use after there has been evidence of failure of first-line non-pharmacologic and medication options (such as acetaminophen or NSAIDs) and when there is evidence of moderate to severe pain. Long-term benefit has not been well demonstrated, and therefore should meet specific criteria for long-term use. Within the available records, there is no clear documentation of pain and functional improvement with use of opioids compared to baseline. Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument. Prolonged opioid use may increase consideration for a psychological consultation regarding issues including motivation, attitude about pain/work, return-to-work, social life including interpersonal and work-related relationships. There should be ongoing reassessment for abuse of medications as well as other drugs of abuse. While the MTUS guidelines suggest to avoid changing the dose if there is clear functional benefit, most supported by a return to work, a clear benefit is not supported by the available documentation. The request as written is for a large amount of opioids, which raises concern for frequent clinical reassessment. While there is no set visit frequency, clinical reassessment should be adjusted to the patient's need for evaluation of adverse effects, pain status, and appropriate use of medication. The request as written is not supported by the MTUS guidelines and is therefore not medically necessary.