

<b>Case Number:</b>	CM15-0001839		
<b>Date Assigned:</b>	01/12/2015	<b>Date of Injury:</b>	01/07/2011
<b>Decision Date:</b>	03/11/2015	<b>UR Denial Date:</b>	12/08/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/05/2015

### 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: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular 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:

The injured worker is a 43 year old male, who sustained an industrial injury on 01/07/2011 when his car was struck from behind. He has reported subsequent lower back pain radiating to the legs. The diagnoses have included lumbosacral neuritis, low back pain, opioid dependence and lumbar spinal stenosis. Treatment to date has included oral pain medication, physical therapy, chiropractic therapy, acupuncture and epidural injections. Currently the IW complains of constant throbbing pain in the back and midline over the sacrum that radiates to the left posterolateral calf and right gluteal fold. The IW reported 60% improvement in pain with the use of opioids but the IW's pain was rated as an 8/10 at best. The pain was noted to affect activities of daily living. The IW's dose of Norco was noted to be 2 tabs every 6 hours as needed for moderate to severe pain. The physician noted that the IW had functional decrement when dose of hydrocodone was decreased from 80 mg to 60 mg/day. The IW was noted to be undergoing treatment of an abscess and was noted to have over consumed his Norco, noting that he had to take up to 7 tablets per day to manage the pain. The physician noted that an early refill would be given and the IW would be maintained on 7 Norco per day. On 12/08/2014, Utilization Review modified a request for Norco from Norco 10/325 mg #196 to Norco 10/325 mg # 120, noting that the IW did report 60% improvement with the use of Norco but that the level of pain was still high. The UR physician noted that 120 tabs would be certified to allow documentation as to the length and duration of analgesia and why the IW required 6.5 tabs. MTUS Chronic Pain Guidelines were cited.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 10/325mg #196:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, On-Going Management.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines On-Going Management Page(s): 78-80.

**Decision rationale:** Norco 10/325mg #196 is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The MTUS supports the 4 A's for ongoing monitoring. These domains have been summarized as the "4 A's" (analgesia, activities of daily living, adverse side effects, and aberrant drugtaking behaviors). The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs. Since November of 2015, opioids have progressively increased, with no corresponding increase in function and pain relief. The patient has over consumed his medications on two occasions and there is no evidence of functional improvement or significant pain relief on the documentation submitted. The request for Norco 10/325mg #196 is not medically necessary.