

<b>Case Number:</b>	CM15-0001874		
<b>Date Assigned:</b>	01/12/2015	<b>Date of Injury:</b>	04/21/2014
<b>Decision Date:</b>	03/16/2015	<b>UR Denial Date:</b>	12/09/2014
<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: Pennsylvania

Certification(s)/Specialty: Internal Medicine, Hospice & Palliative 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 60 year old male, who sustained an industrial injury on April 21, 2014. He has reported low back pain. The diagnoses have included pinched nerve, radiculopathy, lumbar herniated disc, degenerative disc disease (DDD) and stenosis. Treatment to date has included magnetic resonance imaging (MRI), x-rays, and oral medication. Currently, the IW complains of low back pain, left foot numbness, and right buttock pain with numbness and tingling in right calf and foot. The injured worker is utilizing oral medication for pain management. On December 9, 2014 utilization review non-certified a request for Norco 10/325mg 1-2 tablets PO QID #200 for pain, noting opiates are for short term use and lack of documentation continued functional benefit. The Medical Treatment Utilization Schedule (MTUS) chronic pain guidelines were utilized in the determination. Application for independent medical review (IMR) is dated January 5, 2015.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 10/325 1-2 PO QID #200 for pain:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Weaning of Medications Page(s): 74-95, 124.

**Decision rationale:** Norco (hydrocodone with acetaminophen) is a combination medication in the opioid and pain reliever classes. The MTUS Guidelines stress the lowest possible dose of opioid medications should be prescribed to improve pain and function, and monitoring of outcomes over time should affect treatment decisions. The Guidelines recommend that the total opioid daily dose should be lower than 120mg oral morphine equivalents. Documentation of pain assessments should include the current pain intensity, the lowest intensity of pain since the last assessment, the average pain intensity, pain intensity after taking the opioid medication, the amount of time it takes to achieve pain relief after taking the opioid medication, and the length of time the pain relief lasts. Acceptable results include improved function, decreased pain, and/or improved quality of life. The MTUS Guidelines recommend opioids be continued when the worker has returned to work and if the worker has improved function and pain control. When these criteria are not met, a slow individualized taper of medication is recommended to avoid withdrawal symptoms. The submitted documentation indicated the worker was experiencing lower back pain that went into the legs, left foot numbness, and right lower leg and foot numbness and tingling. The documented pain assessments were minimal and did not include many of the elements recommended by the Guidelines. There was no discussion reporting improved pain intensity or function with this specific medication, how long the benefit from this specific medication lasted, an exploration of potential negative side effects, or how often it was needed and used. In the absence of such evidence, the current request for two hundred tablets of Norco (hydrocodone with acetaminophen) 10/325mg taken as one to two tablets orally four times daily is not medically necessary. Because the potentially serious risks outweigh the benefits in this situation based on the submitted documentation, an individualized taper should be able to be completed with the medication the worker has available.