

<b>Case Number:</b>	CM15-0001902		
<b>Date Assigned:</b>	01/12/2015	<b>Date of Injury:</b>	10/22/2001
<b>Decision Date:</b>	03/10/2015	<b>UR Denial Date:</b>	12/05/2014
<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: New Jersey, Michigan, California  
 Certification(s)/Specialty: Neurology, 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 (IW) is a 37 year old male, who sustained an industrial injury on 10/22/2001. He has reported low back pain after turning the right ankle and pulling the low back while stepping up on a dock at work, and was diagnosed with lumbar strain, lumbar scar tissue and protrusion, degenerative joint disease and spinal stenosis. Treatment to date has included radiographic imaging, laboratory studies, surgical intervention, physical therapy and pain medication. Currently, the IW complains of continued low back pain. The IW reported continued chronic back pain after sustaining a work related injury in 2001. On evaluation on May 14, 2014, he reported persistent muscle spasms, asymmetric range of motion with a leftward list. The IW was noted to have a work status of full duty. The recommendation was to continue Norco for pain relief. On October 6, 2014, evaluation revealed continues complaints as previously described. The plan was to obtain a toxicology screening to assess med compliance, to taper pain medications and to renew pain medications. Hydrocodone 10mg #240 to alternate with hydrocodone 5mg #60, was ordered. On November 3, 2014, evaluation revealed the IW was still working at a full duty level with no serious pain. Pain medications were renewed. The IW was noted to be prescribed multiple opioid medications for treatment of chronic pain. There was no toxicology report in the documentation provided. On December 9, 2014, Utilization Review non-certified a request for Norco tablets noting the MTUS, ACOEM Guidelines, (or ODG) was cited. On January 05, 2015, the injured worker submitted an application for IMR for review of a request for Norco tablets.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 10/325mg #60, refill once a week for 6 weeks:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of opioids Page(s): 76-79.

**Decision rationale:** According to MTUS guidelines, Norco (Hydrocodone/Acetaminophen) is a synthetic opioid indicated for the pain management but not recommended as a first line oral analgesic. In addition and according to MTUS guidelines, ongoing use of opioids should follow specific rules: "(a) Prescriptions from a single practitioner taken as directed, and all prescriptions from a single pharmacy.(b) The lowest possible dose should be prescribed to improve pain and function.(c) Office: Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non adherent) drug-related behaviors. These domains have been summarized as the "4 A's" (analgesia, activities of daily living, adverse side effects, and aberrant drug taking behaviors). The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework." According to the patient file, there is no objective documentation of pain and functional improvement to justify continuous use of Norco. Norco (as well as other opioids) was used for longtime without documentation of functional improvement or evidence of improvement of activity of daily living. Therefore, the prescription of Norco 10/325mg #60, refill once a week for 6 weeks is not medically necessary.