

<b>Case Number:</b>	CM15-0003769		
<b>Date Assigned:</b>	01/14/2015	<b>Date of Injury:</b>	05/15/1993
<b>Decision Date:</b>	03/16/2015	<b>UR Denial Date:</b>	12/11/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/08/2015

### 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 69 year old male who sustained a work related injury on May 15, 1993, resulting in upper extremity pain, and cervical injuries. Diagnoses made were upper extremity neuropathic pain, spasms and tremors, cervical disc protrusion and joint pain, cervical stenosis, status post spinal cord stimulator implant, narcolepsy, depression, anxiety and chronic pain. Treatments included pain medications and a spinal cord stimulator. Currently, the injured worker presented with complaints of right neck pain radiating to the right shoulder, right periscapular region, right triceps, right forearm and right hand with numbness and paresthesias. The pain limited all his activities and movement. On January 14, 2015, Utilization review non-certified authorization for a prescription of Norco 10/325 milligrams #90 with 0 refills, noting the MTUS and ODG guidelines.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Medication review for Norco 10/325mg #90:** Upheld

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

**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 right neck pain that went into the right arm with 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 how long the benefit from this specific medication lasted, indicating how often it was needed and used, or detailing an individualized risk assessment. In the absence of such evidence, the current request for ninety tablets of Norco (hydrocodone with acetaminophen) 10/325mg 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.