

<b>Case Number:</b>	CM15-0103556		
<b>Date Assigned:</b>	07/27/2015	<b>Date of Injury:</b>	01/20/1998
<b>Decision Date:</b>	09/22/2015	<b>UR Denial Date:</b>	05/19/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/29/2015

### 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: California

Certification(s)/Specialty: Preventive Medicine, Occupational 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 54 year old female, who sustained an industrial injury on 01/20/1998. She has reported subsequent neck, shoulder, upper extremity, low back and right lower extremity pain and was diagnosed with cervical degenerative disc disease and facet joint arthropathy status post cervical fusion of C6-C7 and chronic low back pain with right lumbar radiculopathy. Treatment to date has included medication, massage, acupuncture, chiropractic treatment, cervical medial branch blocks and surgery. Norco was prescribed as far back as 2002. A progress note in March of 2015 noted that Norco was denied and requested to be tapered due to lack of functional benefit. In a progress note dated 04/29/2015, the injured worker complained of 8/10 low back and right lower extremity pain. Medications were noted to improve pain by 50-75%. Objective findings were notable for tenderness to palpation along the right lumbar paraspinal musculature primarily along the lateral aspect of the L4-L5 segment and right sciatic notch, substantial weakness of the hip flexors and extensors and decreased right L4 and L5 sensation to pinprick. Similar complaints and findings were reported in the 07/23/15 provider's progress note. It was also noted that the pain at its worst was 8/10 but that medications relieved the pain by 50%. There were no side effects from the medications. Urine drug screen results were consistent with prescribed medication and negative for illicit drug use. The injured worker was noted to be off work. A request for authorization of Norco 10/325 mg #120 was submitted.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**1 prescription of Norco 10/325mg #120: Overturned**

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47-9, Chronic Pain Treatment Guidelines Medications for chronic pain; Opioids Page(s): 60-1, 74-96.

**Decision rationale:** Hydrocodone-Acetaminophen (Norco) is a mixed medication made up of the short acting, opioid, Hydrocodone, and acetaminophen, better known as Tylenol. It is recommended for moderate to moderately severe pain with usual dosing of 5-10 mg Hydrocodone per 325 mg of acetaminophen taken as 1-2 tablets every 4-6 hours. Maximum dose according to the MTUS is limited to 4 gm of acetaminophen per day, which is usually 60-120 mg/day of Hydrocodone. According to the MTUS opioid therapy for control of chronic pain, while not considered first line therapy, is considered a viable alternative when other modalities have been tried and failed. Success of this therapy is noted when there is significant improvement in pain or function. The risk with this therapy is the development of addiction, overdose and death. The pain guidelines in the MTUS directly address this issue and have outlined criteria for monitoring patients to allow for safe use of chronic opioid therapy. The provider has been following the MTUS guidelines for chronic use of opioids in that regular urine drug screens have been performed, there is good documentation that use of medication lowers pain and improves function and the medications do not have side effects. Considering all the above, medical necessity for continued use of Norco has been established.