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| <b>Case Number:</b>   | CM15-0103831 |                              |            |
| <b>Date Assigned:</b> | 06/08/2015   | <b>Date of Injury:</b>       | 09/12/2002 |
| <b>Decision Date:</b> | 07/09/2015   | <b>UR Denial Date:</b>       | 05/01/2015 |
| <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: Montana

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 43 year old female who reported an industrial injury on 9/12/2002. Her diagnoses, and/or impressions, are noted to include: thoracic disc herniation (non-industrial); status-post right thoracic inter-laminar laminotomy, lateral recess decompression, foraminotomy, partial facetectomy and discectomy, x 2; para-vertebral thoracic neuralgia; thoracic myelopathy with near right leg monoplegia, right foot-drop, spastic equinus deformity, and bladder and fecal incontinence; myofasciitis; lower extremity neuropathic pain and hyper-reflexia of unknown etiology; right elbow strain; bilateral carpal tunnel syndrome; and situational/reactive depression secondary to industrial injury. The history notes a bout with irritable bowel syndrome in 2000, a motor vehicle accident in 4/2006, and high doses of narcotic medications without significant improvement in functional status. No current imaging studies are noted. Her treatments have included a State Qualified Medical Examination on 1/13/2015; Psychological Testing with Report on 10/10/2014; injection therapy; medication management with toxicology screenings; and modified work duties. The progress notes of 3/30/2015 reported some improvement in right leg strength, with Kinesio tape and without "AFO" brace; continued difficulty with voiding, continues to self-catheterize; and frequent episodes of autonomic hyper-reflexia related to bowel movement/manual extraction. Objective findings were noted to include slight improvement in the global weakness in the right leg, with noted dragging; and persistent hypothesia in the right leg with clonus and hyper-reflexia in both lower extremities. The physician's requests for treatments were noted to include the continuation of Norco for pain.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 10/325mg #240:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Hydrocodone/Acetaminophen, Opioids.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 75-80 and 91.

**Decision rationale:** Norco is a brand name for hydrocodone, a short-acting opioid analgesic, combined with acetaminophen. The MTUS states that opioids are not recommended as first line therapy for neuropathic pain. Opioids are suggested for neuropathic pain that has not responded to first line recommendations including antidepressants and anticonvulsants. The MTUS states that reasonable alternatives to opioid use should be attempted. There should be a trial of non-opioid analgesics. When subjective complaints do not correlate with clinical studies a second opinion with a pain specialist and a psychological assessment should be obtained. The lowest possible dose should be prescribed to improve pain and function. Ongoing use of hydrocodone/acetaminophen requires review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include: the least reported pain over the period since the last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. In this case the medical records show that the injured worker has been taking Norco on a long term basis. Previous Utilization Reviews recommended weaning, noting that there was no documentation of functional improvement and total opioid dose exceeds the morphine equivalent dose recommendations. It is not clear whether weaning was attempted. The records do not document pain relief, functional improvement or pain assessment as required in the MTUS for ongoing use. Without appropriate documentation, the request for ongoing use of Norco 10/325mg #240 is not medically necessary.