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| <b>Case Number:</b>   | CM15-0130918 |                              |            |
| <b>Date Assigned:</b> | 07/17/2015   | <b>Date of Injury:</b>       | 08/20/2009 |
| <b>Decision Date:</b> | 09/09/2015   | <b>UR Denial Date:</b>       | 06/26/2015 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 07/07/2015 |

### 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 York

Certification(s)/Specialty: Internal 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 70 year old male who sustained an industrial injury due to a motor vehicle accident on 08/20/2009 resulting in injuries to the head, neck, back. Treatment provided to date has included: cervical fusion surgery (2011); 2 lumbar spine surgeries; physical therapy resulting in some relief; medications (hydrocodone/acetaminophen, Norco, gabapentin, cyclobenzaprine); and conservative therapies/care. Diagnostic tests performed include: MRI of the cervical spine (2015) showing status post cervical fusion at C3-C7 with pedicle screws and interpedicular rods in place without disc bulge or protrusion; CT lumbar myelogram (2013) showing status post fusion of the L3-S1 vertebral bodies, osteophyte complex at L3-4, a 5mm right foraminal disc protrusion, bilateral pars defects associated with a grade I anterolisthesis at L5-S1 and moderate stenosis of the right neural foramen and mild stenosis of the left neural foramen. There were no noted comorbidities or other dates of injury noted. On 06/11/2015, physician progress report noted complaints of ongoing low back pain. The pain was rated 6-7/10 average severity with medications, 9-10 without medications, and was described as constant and aching with radiating pain to the bilateral legs and feet. The injured worker reported that his ability to function is decreased by 70% without medications. Additional complaints included difficulty staying asleep or obtaining restful sleep due to pain, and frustration with pain and activity restrictions. Current medications include cyclobenzaprine, Norco, and gabapentin. The last urine drug screening was reported to be inconsistent with prescribed medications (negative for hydrocodone). The physical exam was limited with no significant findings. The provider noted diagnoses of sciatica, chronic pain due to trauma, cervicgia, and post-laminectomy syndrome of the cervical spine. Plan of care includes repeat drug screen, continued medications, and follow-up. The injured worker's work status

was not mentioned. The request for authorization and IMR (independent medical review) includes: Norco 10-325mg 1 tablet every 8 hours (3 times daily) #90.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Norco 10/325mg 1 tab every 8 hours #90:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-96.

**Decision rationale:** Hydrocodone/ Acetaminophen (Norco) is an opioid drug that is used to treat moderate to moderately severe pain. The MTUS discourages long-term usage unless there is evidence of "ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life." The MTUS also recommends the discontinuation of Norco when there is no overall improvement in function, unless there are extenuating circumstances. Weaning should occur under direct ongoing medical supervision as a slow taper except for the below mentioned possible indications for immediate discontinuation. Upon review of the submitted documentation, the progress reports show that the injured worker is on chronic opioid therapy with the use of Norco. Although the injured worker reports a 50-70% increase in function with the use of medications, there has been no overall measurable improvement in function or decrease in average pain levels while taking this medication over the last several months. Additionally, the treating physician does not document: 1) the least reported pain over the period since last assessment; 2) how long it takes for pain relief; 3) how long pain relief lasts; 4) improvement in average pain; or 5) measurable improvement in function. Furthermore, the injured workers last urine drug screening was inconsistent with prescribed medications. As such, hydrocodone/acetaminophen (Norco) 10-325mg #90 is not medically necessary.