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| <b>Case Number:</b>   | CM15-0140585 |                              |            |
| <b>Date Assigned:</b> | 07/31/2015   | <b>Date of Injury:</b>       | 01/25/2000 |
| <b>Decision Date:</b> | 09/02/2015   | <b>UR Denial Date:</b>       | 06/23/2015 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 07/20/2015 |

### 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: Anesthesiology

### 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 52 year old male, who sustained an industrial injury on 1-25-00. The mechanism of injury was not indicated. The injured worker was diagnosed as having persistent lumbago, left lumbar radiculopathy, status post lumbar laminectomy with post laminectomy syndrome, chronic pain syndrome with chronic opioid tolerance and chronic reactive clinical depression secondary to chronic pain. Treatment to date has included oral medications including Norco 10-325mg, Zanaflex 2mg, Clonazepam, Adderall and Buspar; lumbar laminectomy. Currently on 6-17-15, the injured worker complains of intractable low back pain with radiculopathy, rated 5-6 out of 10 with medication. Work status is noted to be permanent and stationary. Physical exam performed on 6-17-15 revealed moderate tenderness to palpation over the L4-5 and L5-S1 lumbar interspaces with muscular guarding over the bilateral erector spinae muscle and left gluteus maximus region and restricted range of motion. The treatment plan for the progress note dated 5-20-15 included continuation of Norco 10-325mg every 4 hours and Zanaflex 4mg up to twice a day.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 10/325mg #180: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for use, and Weaning of medications Page(s): 77-78 and 125.

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

**Decision rationale:** According to the CA MTUS, Norco 10/325mg (Hydrocodone/Acetaminophen) is a short-acting opioid analgesic indicated for moderate to moderately severe pain, and is used to manage both acute and chronic pain. The treatment of chronic pain with any opioid analgesic requires review and documentation of pain relief, functional status, appropriate medication use, and side effects. A pain assessment should include current pain, intensity of pain after taking the opiate, and the duration of pain relief. In this case, there is insufficient evidence that the opioids were prescribed according to the CA MTUS guidelines, which recommend prescribing according to function, with specific functional goals, return to work, random drug testing, an opioid contract, and documentation of a prior failure of non-opioid therapy. There is no documentation of the medication's functional benefit, duration of pain relief, appropriate use of medication or how long Norco had been utilized. In addition, the MTUS recommends urine drug screens for patients with poor pain control and to help manage patients at risk of abuse. A urine drug screen was not submitted with documentation. It is also unclear how long the injured worker has utilized Norco. There is no documentation of significant pain relief or increased function from the opioids used to date. Medical necessity of the requested item has not been established. Of note, discontinuation of an opioid analgesic should include a taper, to avoid withdrawal symptoms. The requested medication is not medically necessary.