

<b>Case Number:</b>	CM15-0168631		
<b>Date Assigned:</b>	09/09/2015	<b>Date of Injury:</b>	07/25/2003
<b>Decision Date:</b>	10/14/2015	<b>UR Denial Date:</b>	08/07/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/27/2015

### 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: Emergency 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 (IW) is a 70 year old female who sustained an industrial injury on 07-25-2003. She reported pain in the neck, left shoulder and knee. The injured worker was diagnosed as having cephalgia, cervical degenerative disc disease, left upper trapezius and rotator cuff strain with mild impingement syndrome, disequilibrium, lumbar spine degenerative disc disease , left hip sprain, bilateral outer thigh neuralgia, and severe chronic pain syndrome with severe depression and moderate anxiety. Treatment to date has included acupuncture (which she reported as not helpful), epidural steroid injections both in the cervical spine (which she found helpful for three or four days each) and in the lumbar spine (which were not helpful), and oral pain medications. Currently she is receiving complex pain management, and taking oral medications of Percocet for moderate-to-severe pain with Meloxicam for anti-inflammatory effects. The injured worker complains of pain rated a 6 on a scale of 0-10 with the use of medications, and as a 9-10 on a scale of 0-10 without medications. She notes 30% improvement in pain levels and 40-50% improvement in function with the current medications. She is able to perform activities of daily living and self-care with the medications and is no longer using a walker for ambulation. On exam of the cervical spine, she has bilateral cervical paraspinous tenderness and palpable muscle spasm. The upper extremities show 3 out of 5 muscle strength in the left upper arm muscles and a decrease in sensation of the left cervical 7 and C8 dermatomes. She has trace reflexes in the left upper arm muscles, while on the right she has near normal muscle strength in all major muscle groups with 2+ reflexes. In the lumbar spine she has paraspinous tenderness from L3 to S1 with 1-2+ muscle spasms and a negative twitch response.

Range of motion is diminished in all planes. She has a positive straight leg raise bilaterally, and is tender to palpation over the right sciatic notch. The plan of care is for electrodiagnostic studies of the lower extremities. She also has been authorized for a spinal cord stimulator psychological clearance but would like to defer the trial of a spinal cord stimulator. Norco will be trialed for moderate-to-severe pain as the worker states the Percocet has not been as effective as it has in the past. In provider notes of the 12-15-2014 visit, it was stated "the patient has found Percocet much more effective than Norco", and again in the notes of 01-27-2015 "the patient has found Percocet much more effective than Norco". A request for authorization was submitted for Norco 10/325 mg #180, and Meloxicam 7.5 mg #60. A utilization review decision (08-07-2015) certified the Meloxicam and non-certified the Norco.

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

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

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

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use, Opioids for chronic pain.

**Decision rationale:** Norco is acetaminophen and hydrocodone, an opioid. Patient has chronically been on an opioid pain medication. As per MTUS Chronic pain guidelines, documentation requires appropriate documentation of analgesia, activity of daily living, adverse events and aberrant behavior. Documentation fails criteria. Patient is chronically on Percocet. Provider recommends a "trial" of Norco because Percocet is not as effective as it once was. Request does not make physiologic sense since the Morphine Equivalent Dose (MED) of Percocet (Oxycodone) is 50% greater than Norco (hydrocodone) and multiple prior progress notes and reports state that Norco is not effective in treating patient's pain. Request for Norco is not medically necessary.