

<b>Case Number:</b>	CM15-0182370		
<b>Date Assigned:</b>	09/23/2015	<b>Date of Injury:</b>	05/10/2010
<b>Decision Date:</b>	11/03/2015	<b>UR Denial Date:</b>	08/20/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/16/2015

### 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, Texas, Florida

Certification(s)/Specialty: Anesthesiology, Pain Management, Hospice & Palliative 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 60 year old female, who sustained an industrial injury on May 10, 2010. Medical records indicate that the injured worker is undergoing treatment for degeneration of lumbar or lumbosacral intervertebral disc, thoracic or lumbosacral neuritis or radiculitis unspecified, sciatica, lumbago, lumbosacral spondylosis without myelopathy, chronic pain syndrome, spasm of muscle and sprain of the knee and leg unspecified. The injured worker was noted to be retired. On (8-11-15) the injured worker complained of low back pain which radiated to the right lower extremity. The pain was rated 9 out of 10. The back pain was worse with walking. Objective findings noted pain in the right lumbar four, lumbar five and sacral one nerve root dermatomes. A straight leg raise test and Spurling's maneuver were positive. The treating physician assessment notes that the injured worker suffered from chronic low back pain with radicular neuropathy due to degenerative disc disease and facet osteoarthopathy. Subsequent progress reports dated (7-13-15 and 6-1-15) indicate the injured workers pain levels were consistent at 8-9 out of 10 on the visual analogue scale. Treatment and evaluation to date has included medications, physical therapy, acupuncture treatments, a transcutaneous electrical nerve stimulation unit, lumbar epidural steroid injections and a home exercise program. Current medications include Norco (since June of 2015), Pantoprazole, Gabapentin, Senna, Docusate sodium, Benazepril hydrochloride and Cymbalta. The request for authorization dated 8-11-15 included a request for Norco 5-325 mg # 60. The Utilization Review documentation dated August 20, 2015 modified the request to Norco 5-325 mg # 40 (original request # 60).

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 5/325 mg, sixty count:** 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 (Classification), Opioids, California Controlled Substance Utilization Review and Evaluation System (CURES) [DWC], Opioids, criteria for use, Opioids for chronic pain, Opioids for neuropathic pain, Opioids for osteoarthritis, Opioids, cancer pain vs. nonmalignant pain, Opioids, dealing with misuse & addiction, Opioids, differentiation: dependence & addiction, Opioids, dosing, Opioids, indicators for addiction, Opioids, long-term assessment.

**Decision rationale:** Regarding the request for Norco (hydrocodone/acetaminophen), California Pain Medical Treatment Guidelines state that Norco is an opiate pain medication. Due to high abuse potential, close follow-up is recommended with documentation of analgesic effect, objective functional improvement, side effects, and discussion regarding any aberrant use. Guidelines go on to recommend discontinuing opioids if there is no documentation of improved function and pain. Within the documentation available for review, there is no indication that the medication is improving the patient's function or pain (in terms of specific examples of functional improvement and percent reduction in pain or reduced NRS), no documentation regarding side effects, and no discussion regarding aberrant use. As such, there is no clear indication for ongoing use of the medication. Opioids should not be abruptly discontinued, but fortunately, the last reviewer modified the current request to allow tapering. In light of the above issues, the currently requested Norco (hydrocodone/acetaminophen) is not medically necessary.