

<b>Case Number:</b>	CM15-0188378		
<b>Date Assigned:</b>	09/30/2015	<b>Date of Injury:</b>	04/14/2011
<b>Decision Date:</b>	11/13/2015	<b>UR Denial Date:</b>	08/24/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/24/2015

### 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 40 year old male, who sustained an industrial injury on 4-14-2011. The injured worker is undergoing treatment for: gastritis, carpal tunnel syndrome, cervical facet dysfunction, cervicgia, lumbago, lumbar radiculopathy, lumbar disc protrusion, anxiety and depression. On 7-1-15, he reported low back pain and numbness and tingling in the hands and feet. He rated his pain 9.5 out of 10. He reported that Tramadol "helps a little bit, but not much". On 7-29-15, he reported neck and low back pain rated 9.5 out of 10. He indicated he also felt a burning sensation all over his body when taking Lyrica and did not wish to take the medication anymore. Physical examination revealed positive straight leg raise testing bilaterally, positive Patrick's and facet loading testing, and positive spurling's testing, tenderness in the neck, upper trapezius, scapular border, lumbar and sacroiliac joint. A urine drug testing done in July 2015, was noted to be negative for illicit drugs. The records do not discuss 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. The treatment and diagnostic testing to date has included: medications, urine drugs screen (4-2-15, 7-1-15, and 8-13-15), magnetic resonance imaging of the lumbar spine and thoracic spine (6-29-15), CT scan of the pelvis (6-29-15), electrodiagnostic studies (January 2013), and home exercise program. Medications have included: Carafate, Elavil, Omeprazole, Tramadol, Colace, Norco, Lyrica. The records indicate opioid medications to have been utilized since at least May 2015, possibly longer. Current work status: not documented. The request for authorization is for: Norco tablets 5-325mg quantity 60

for 30 days supply. MED 10. The UR dated 8-24-15: non-certified the request for Norco tablets 5-325mg quantity 60 for 30 days supply. MED 10.

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

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

**Norco Tab 5-325 Mg # 60 for 30 Days Supply Med 10:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation ODG, Pain Chapter.

**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 unfortunately, there is no provision to modify the current request to allow tapering. In light of the above issues, the currently requested Norco (hydrocodone/acetaminophen) is not medically necessary.