

<b>Case Number:</b>	CM15-0194726		
<b>Date Assigned:</b>	10/08/2015	<b>Date of Injury:</b>	04/15/2003
<b>Decision Date:</b>	11/24/2015	<b>UR Denial Date:</b>	09/29/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/05/2015

### 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 67 year old male with a date of injury on 04-15-2003. The injured worker is undergoing treatment for lumbar strain-sprain and lower extremity neuropathy. A physician progress noted dated 08-17-2015 documents the injured worker has had no changes in his condition. He has continued lumbar discomfort that he rates as 8 out of 10 without medications and 5-6 out of 10 with medications. With medications symptoms are reduced. A physician progress note dated 09-16-2015 the injured worker has complaints of back stiffness. He has improvement with his medications. He rates his pain with medications as 5-6 out of 10 and without meds his pain is 8 out of 10. On examination of the lumbar spine was positive for pain and tenderness with radiation of pain into his lower extremity. Muscle spasms were noted throughout the upper thoracic, lumbar, left posterior pelvis-hip and left posterior lower extremity. He is retired. Treatment to date has included diagnostic studies, medications, status post 2 back surgeries, 2 hip surgeries, a knee surgery, and epidural injections. A Magnetic Resonance Imaging of the lumbar spine done on 04-06-2015 showed at L5-S1 there is mild to moderate disc height loss with diffuse disc bulge with a more focal left lateral recess component. The left lateral recess component is slightly less pronounced compared to the prior exam. The disc bulge abuts the transiting S1 nerve root left greater than right. The central spinal canal and neural foramen are patent. Electrodiagnostic studies done on 04-06-2015 were normal. The treatment plan included refilling the Norco (since at least 03-18-2015), Prilosec and Ibuprofen. A UR done on 08-28-2015 Norco was authorized for weaning. On 09-29-2015 Utilization Review non-certified the request for Norco 10-325mg 1 po bid, #60.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 10/325mg 1 PO BID #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain chapter - Opioids, criteria for use.

**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 (in terms of specific examples of objective functional improvement), 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 10/325mg 1 PO BID #60 is not medically necessary.