

<b>Case Number:</b>	CM15-0198776		
<b>Date Assigned:</b>	10/14/2015	<b>Date of Injury:</b>	01/17/2015
<b>Decision Date:</b>	11/30/2015	<b>UR Denial Date:</b>	09/11/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/09/2015

### 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 50 year old female who sustained an industrial injury on 1-17-15. A review of the medical records indicates she is undergoing treatment for cervical spine 3 millimeter disc bulge at C5-6 and right-sided C6 radiculopathy, lumbar spine 3 millimeter disc bulge at L5-S1 and right-sided S1 radiculopathy, and a history of pre-existing disc bulge at L5-S1 from a 2011 injury. Medical records (3-4-15 to 7-10-15) indicate ongoing complaints of neck and low back pain. The physical exam (7-10-15) reveals spasm "about the posterior neck region". Pain is noted with motion that radiates into the right upper extremity. The treating provider indicates there is "point tenderness upon palpation about the posterior neck area". Range of motion is diminished. Spasm is noted in the lower lumbar region. Lasegue's test is positive on the right. Point tenderness on palpation is noted "about the lower lumbar area". Range of motion is noted to be 20 degrees in extension and bilateral lateral bending. Diagnostic studies have included an MRI of the cervical and lumbar spine. Treatment has included physical therapy, Toradol injections, corticosteroid injections, activity modification, and medications. Her medications include Flexeril 7.5mg, Norco 10-325mg, Protonix 20mg, and Voltaren ER 100mg. Norco was started on 7-10-15. Other medications tried have included Celebrex and Ultram. She is not working. The utilization review (9-11-15) includes a request for authorization of Norco 10-325mg #60. The request was modified to a quantity of 30 to allow for weaning.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 10/325 mg #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): 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 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 10/325 mg #60 is not medically necessary.