

<b>Case Number:</b>	CM15-0200788		
<b>Date Assigned:</b>	11/06/2015	<b>Date of Injury:</b>	06/30/1999
<b>Decision Date:</b>	12/23/2015	<b>UR Denial Date:</b>	09/08/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/13/2015

### 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: Texas, California

Certification(s)/Specialty: Family Practice

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a 52 year old male patient, who sustained an industrial injury on June 30, 1999. The diagnoses include low back pain and right leg symptoms, disc herniation to the right sacroiliac nerve root at the lumbar five to sacral one level and disc herniation at the lumbar four to five with spondylolisthesis defect and pars defect with severe facet arthrosis per magnetic resonance imaging of unknown date, and right leg neuropathy. Per the doctor's note dated 10/13/15, he had pain at 8/10, at least 4/10 with medications and 10/10 without medications. Per the progress notes dated August 18, 2015 and July 21, 2015, he had complaints of constant pain to the back that radiates to the right leg. He had a 50% decrease in his pain with functional improvement with the use of the medications. Examination performed on August 18, 2015 revealed an antalgic posture, decreased range of motion, the inability to stand up straight, decreased sensation to the right lateral calf and the bottom of the foot, spasm to the lumbar trunk, and weakness to the right thigh. The patient's medication regimen on August 18, 2015 included MS Contin, Norco (Lortab), and Neurontin since at least August 29, 2013. Per the progress note from July 21, 2015 his pain level to be a 9 out of 10 without the use of his medication regimen and rated the pain level a 4 out of 10 with the use of his medication regimen along with noting a 50% decrease in his pain with functional improvement with the use of medication regimen, but the progress note did not indicate the specific improvements with regards to the injured worker's activities of daily living. Treatment and diagnostic studies to date has included use of a cane and medication regimen. On August 18, 2015 the treating physician requested Norco 10-325mg with a quantity of 120 to be used for breakthrough pain. On September 08, 2015 the Utilization Review determined the request for Norco 10-325mg with a quantity of 120 to be modified.

## IMR ISSUES, DECISIONS AND RATIONALES

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

### **1 prescription of Norco 10/325 mg #120: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, long-term assessment.

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

**Decision rationale:** 1 prescription of Norco 10/325 mg #120. Norco contains hydrocodone and acetaminophen. Hydrocodone is an opioid analgesic. According to the cited guidelines, a therapeutic trial of opioids should not be employed until the patient has failed a trial of non-opioid analgesics. Before initiating therapy, the patient should set goals, and the continued use of opioids should be contingent on meeting these goals. The records provided do not specify that that patient has set goals regarding the use of opioid analgesic. The treatment failure with non-opioid analgesics is not specified in the records provided. Other criteria for ongoing management of opioids are: The lowest possible dose should be prescribed to improve pain and function. Continuing review of overall situation with regard to non-opioid means of pain control. Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Consider the use of a urine drug screen to assess for the use or the presence of illegal drugs. The records provided do not provide a documentation of response in regards to objective functional improvement to opioid analgesic for this patient. The continued review of the overall situation with regard to non-opioid means of pain control is not documented in the records provided. As recommended by the cited guidelines a documentation of pain relief, functional status, appropriate medication use, and side effects should be maintained for ongoing management of opioid analgesic, these are not specified in the records provided. Response to antidepressant and lower potency opioid like tramadol for chronic pain is not specified in the records provided. A recent urine drug screen report is not specified in the records provided. This patient does not meet criteria for ongoing continued use of opioids analgesic. The medical necessity of 1 prescription of Norco 10/325 mg #120 is not established for this patient, based on the clinical information submitted for this review and the peer reviewed guidelines referenced. If this medication is discontinued, the medication should be tapered, according to the discretion of the treating provider, to prevent withdrawal symptoms. Therefore is not medically necessary.