

<b>Case Number:</b>	CM15-0206525		
<b>Date Assigned:</b>	10/23/2015	<b>Date of Injury:</b>	07/31/2000
<b>Decision Date:</b>	12/08/2015	<b>UR Denial Date:</b>	10/02/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/20/2015

### 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: Washington, California

Certification(s)/Specialty: Preventive Medicine, Occupational 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 69 year old male who sustained an industrial injury on 7-31-2000. A review of the medical records indicates that the worker is undergoing treatment for chronic bilateral knee pain from degenerative changes, chronic neck and right shoulder pain, low back pain, right buttock and lateral thigh pain, multilevel degenerative disk changes with facet arthropathies on lumbar MRI (2010) most prominent on the left at L5-S1, mild spinal stenosis L3-L5, and right foraminal disks L4-L5 and L5-S1. Past history significant for GI bleed from use of NSAIDs. Treatment to date has included surgery and medication. Subjective complaints on 9-16-15 included persistent low back and leg pain but the low back is bothering the least. Pain was rated at 2-4 out of 10, and medications were reported to be controlling the pain and enabling him to stay active. (Pain rating on 4-1-15 was 9/10 before medication and 4/10 after medication). A urine drug screen done 4-1-15 was reported as consistent with medication. Work status was noted as only able to do sedentary work. Objective findings on 9-16-15 included use of a cane for ambulation mainly due to left knee problems, decreased left knee range of motion and pain on patellar ballotement. The treatment plan included continuing Norco but decreasing it to 2 tablets a day: 2 prescriptions for Norco were written, as well as a recommended re-check every 2 months to check on level of function. The requested treatment of Norco 10-325mg #60 and Norco DND until 10-15-15 10-325mg #60 was non-certified on 10-2-15.

### IMR ISSUES, DECISIONS AND RATIONALES

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

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

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

**MAXIMUS guideline:** Decision based on MTUS General Approaches 2004, Section(s): Initial Approaches to Treatment, and Chronic Pain Medical Treatment 2009, Section(s): Medications for chronic pain, 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. non-malignant pain, Opioids, dealing with misuse & addiction, Opioids, differentiation: dependence & addiction, Opioids, dosing, Opioids, indicators for addiction,.

**Decision rationale:** Hydrocodone-Acetaminophen (Norco) is a mixed medication made up of the short acting, opioid, hydrocodone, and acetaminophen, better known as Tylenol. It is recommended for moderate to moderately severe pain with usual dosing of 5-10 mg hydrocodone per 325 mg of acetaminophen taken as 1-2 tablets every 4-6 hours. Maximum dose according to the MTUS is limited to 4 gm of acetaminophen per day, which is usually 60-120 mg/day of hydrocodone. According to the MTUS opioid therapy for control of chronic neuropathic pain, while not considered first line therapy, is considered a viable alternative when other modalities have been tried and failed. When treating moderate to severe nociceptive pain, defined as non-radicular pain caused by continual injury, the MTUS considers opioid therapy to be the standard of care. Success of this therapy is noted when there is significant improvement in pain or function. The risk with this therapy is the development of addiction, overdose and death. The pain guidelines in the MTUS directly address this issue and have outlined criteria for monitoring patients to allow for safe use of chronic opioid therapy. This patient has nociceptive pain in his shoulder and knees so use of an opioid medication is indicated. There is good documentation that the provider is following the MTUS guidelines. The medical records have documented improved function and less pain with use of opioid medications, screening for aberrant drug-seeking behaviors and weaning for the patient to a lower opioid dose as his symptoms improve. The patient's total morphine equivalent dose for all opiates is less than 120 mg/day which is in compliance with the MTUS guidelines. Continued use of Norco is supported by the MTUS guidelines. Medical necessity has been established. The request is medically necessary.

**Norco DND until 10/15/2015 10/325mg #60:** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS General Approaches 2004, Section(s): Initial Approaches to Treatment, and Chronic Pain Medical Treatment 2009, Section(s): Medications for chronic pain, 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. non-malignant pain, Opioids, dealing with misuse & addiction, Opioids, differentiation: dependence & addiction, Opioids, dosing, Opioids, indicators for addiction,.

**Decision rationale:** Hydrocodone-Acetaminophen (Norco) is a mixed medication made up of the short acting, opioid, hydrocodone, and acetaminophen, better known as Tylenol. It is recommended for moderate to moderately severe pain with usual dosing of 5-10 mg hydrocodone per 325 mg of acetaminophen taken as 1-2 tablets every 4-6 hours. Maximum dose

according to the MTUS is limited to 4 gm of acetaminophen per day, which is usually 60-120 mg/day of hydrocodone. According to the MTUS opioid therapy for control of chronic neuropathic pain, while not considered first line therapy, is considered a viable alternative when other modalities have been tried and failed. When treating moderate to severe nociceptive pain, defined as non-radicular pain caused by continual injury, the MTUS considers opioid therapy to be the standard of care. Success of this therapy is noted when there is significant improvement in pain or function. The risk with this therapy is the development of addiction, overdose and death. The pain guidelines in the MTUS directly address this issue and have outlined criteria for monitoring patients to allow for safe use of chronic opioid therapy. This patient has nociceptive pain in his shoulder and knees so use of an opioid medication is indicated. There is good documentation that the provider is following the MTUS guidelines. The medical records have documented improved function and less pain with use of opioid medications, screening for aberrant drug-seeking behaviors and weaning for the patient to a lower opioid dose as his symptoms improve. The patient's total morphine equivalent dose for all opiates is less than 120 mg/day which is in compliance with the MTUS guidelines. Continued use of Norco is supported by the MTUS guidelines. According to the California Medical Board, patients being prescribed chronic opioids should be re-evaluated monthly, quarterly or semi-annually. The provider is complying with this guidance and this prescription for Norco, with a Do Not Dispense (DND) annotation, is consistent with this guidance. Medical necessity has been established. The request is medically necessary.