

<b>Case Number:</b>	CM15-0207667		
<b>Date Assigned:</b>	10/26/2015	<b>Date of Injury:</b>	10/12/1999
<b>Decision Date:</b>	12/11/2015	<b>UR Denial Date:</b>	10/07/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/21/2015

### 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 52 year old female who sustained an industrial injury on 10-12-1999. Medical records indicated the worker was treated for injury to the lumbar spine and right hip. In the provider notes of 09-28-2015 the injured worker complains of bilateral lower back pain and pain to both buttocks and legs with pain throughout the upper back. She reports her right knee has been giving her pain and problems of giving out causing her to fall. Her current pain level is a 5 on a scale of 0-10. She reports using 2 forms of narcotic pain medications and that they bring her pain down by about 50%. Previous treatments have included lumbar epidural steroid injections which she states helped her bilateral lumbar radicular pain. Documents in her chart review reported the date of the lumbar epidural steroid injections to be 01-28-2008. Current medications include Norco, Doxepin, Lorazepam, Zoloft, Fioricet, Zofran, and omeprazole. On exam, she has multiple tender points in the arms, legs, torso, and chest consistent with fibromyalgia. She has diffuse bilateral facet tenderness and positive facet loading test bilaterally. Spine extension is restricted and painful. According to provider notes, the worker has reduced her Norco since last visit, and has tapered off Ambien, and Soma. She is still on Lorazepam from her PCP for anxiety. She has successfully tapered completely off morphine. The worker has a MRI scan showing disc protrusion at L4-5 and she has positive Electromyogram nerve conduction study showing right L4 and right L5 abnormalities. Sensory findings on the neuro exam of the right foot correlate with EMG nerve conduction study and MRI findings. A narcotics agreement is in place (signed 12-03-2014). A urine toxicology screen was done 12-2014 and repeated on 09-28-2015. The worker did take Ambien from a prior prescription and

was cautioned that if it was found in her urine drug screen, the Norco would be stopped. Did not bring meds for count on one occasion and on another incidence took more than prescribed Norco (08-15-2015). These issues were addressed. A request for authorization was submitted for: 1. Norco tab 10-325mg #60 (to be dispensed 9-30-15 and 10-30-15); 2. Retro review for twelve (12) panel urine screen provided on 09/28/2015. A utilization review decision 10-07- 2015 Authorized the: Retro review for twelve (12) panel urine screen provided on 09-28- 2015 Certified: Norco tab 10-325mg #60 to be dispensed 9-30-15 and non-certified; Norco tab 10-325mg #60 to be dispensed 10-30-15.

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

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

**Norco tab 10-325mg #60 (to be dispensed 9/30/15 and 10/30/15): Upheld**

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

**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). 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 tab 10-325mg #60 (to be dispensed 9/30/15 and 10/30/15) is not medically necessary.