

Case Number:	CM15-0208154		
Date Assigned:	10/27/2015	Date of Injury:	03/20/2004
Decision Date:	12/11/2015	UR Denial Date:	09/25/2015
Priority:	Standard	Application Received:	10/22/2015

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: Pennsylvania

Certification(s)/Specialty: Internal Medicine, 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 63-year-old male, with a reported date of injury of 03-20-2004. The diagnoses include chronic low back pain, history of lumbar discectomy, laminectomy, and fusion at L4-5 and L5-S1, depression and anxiety, and spinal cord stimulation implant. The progress report dated 09-11-2015 indicates that the injured worker had ongoing low back pain. He continued to have radicular symptoms down both is legs. It was noted that when he added Norco, it brought the pain down further to 3-4 out of 10. On 08-14-2015, it was noted that the injured worker continued to do well on his medication regimen, and brought his pain levels from 8 out of 10 down to 5 out of 10. It was also noted that the injured worker took Colace to help with constipation caused by Norco and Fentanyl. Without medications, it was noted that the injured worker's walking would be significantly much more limited as well as his ability to help out with household chores. The treating physician stated that there were no adverse side effects; and the last random urine drug screen on 07-14-2015 was "consistent". The objective findings (09-11-2015) noted as "moving about the room fluidly". The objective findings (08-14-2015) included no acute distress; got up slowly from a seated position; and no significant antalgic gait. The injured worker was not currently working, and his case was deemed permanent and stationary. The diagnostic studies to date have included a CT scan of the lumbar spine on 05-29-2015 which showed degenerative disc disease, degenerative disc disease, solid interbody fusion, severe right L3-4 neural foraminal stenosis, severe stenosis of the left neural foramen at L5-1, mild central canal stenosis at L2-3, moderate central canal stenosis and right lateral recess stenosis at L3-4, solid interbody fusion at L4, and subluxation. Treatments and evaluation to

date have included Fentanyl patch, Norco (since at least 04-2015), Lyrica, Colace, lumbar spine surgery in 03-2004, and spinal cord stimulator implant in 2007. The request for authorization was dated 09-17-2015. The treating physician requested Norco 10-325mg #120. On 09-25-2015, Utilization Review (UR) modified the request for Norco 10-325mg #120 to Norco 10-325mg #90.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #120: Overturned

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

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: Norco (hydrocodone with acetaminophen) is a combination medication in the opioid and pain reliever classes. The MTUS Guidelines stress the lowest possible dose of opioid medications should be prescribed to improve pain and function, and monitoring of outcomes over time should affect treatment decisions. The Guidelines recommend that the total opioid daily dose should be lower than 120mg oral morphine equivalents. Documentation of pain assessments should include the current pain intensity, the lowest intensity of pain since the last assessment, the average pain intensity, pain intensity after taking the opioid medication, the amount of time it takes to achieve pain relief after taking the opioid medication, and the length of time the pain relief lasts. Acceptable results include improved function, decreased pain, and/or improved quality of life. The MTUS Guidelines recommend opioids be continued when the worker has returned to work and if the worker has improved function and pain control. When these criteria are not met, a slow individualized taper of medication is recommended to avoid withdrawal symptoms. The submitted documentation indicated the worker was experiencing lower back pain that went into the legs. While the pain assessments did not include all of the elements recommended by the Guidelines, many were documented. These records suggested this medication significantly improved the worker's pain intensity and function. In light of this supportive evidence, the current request for 120 tablets of Norco (hydrocodone with acetaminophen) 10/325mg is medically necessary.