

<b>Case Number:</b>	CM15-0023382		
<b>Date Assigned:</b>	02/13/2015	<b>Date of Injury:</b>	06/29/2004
<b>Decision Date:</b>	03/31/2015	<b>UR Denial Date:</b>	01/27/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/07/2015

### 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

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:

The injured worker is a 48 year old retired male, who sustained an industrial injury on June 29, 2004. He has reported lower back pain radiating to the right leg. The diagnoses have included chronic pain syndrome, lumbago, lumbar postlaminectomy syndrome, lumbar spine degenerative disc disease, lumbar spine radiculopathy, and depression. Treatment to date has included medications, back surgery, home exercises, ice, and imaging studies. A progress note dated January 8, 2015 indicates a chief complaint of continued lower back pain and right leg pain. Physical examination showed decreased sensation, sacroiliac joint pain, lumbosacral spine tenderness with palpation, and decreased but improved range of motion. Current medication regimen includes Xanax, Oxycontin 60 mg #90 and Norco 10/325 mg #120. The treating physician is requesting a prescription for Norco 10/325 mg x 120. On January 27, 2015 Utilization Review partially certified the request for Norco with an adjustment for quantity citing the California Medical Treatment Utilization Schedule California Chronic Pain Medical treatment Guidelines.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 10/325mg #120:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-96. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain Chapter, Opioids for Chronic Pain

**Decision rationale:** According to the MTUS it is recommend that dosing of opioids not exceed 120 mg oral morphine equivalents per day, and for patients taking more than one opioid, the morphine equivalent doses of the different opioids must be added together to determine the cumulative dose. In this case, the injured worker is followed for chronic pain and is currently on 310 oral morphine equivalent. Furthermore, the MTUS guidelines state that opioid tolerance develops with the repeated use of opioids and brings about the need to increase the dose and may lead to sensitization. Reference also state that it is now clear that analgesia may not occur with open-ended escalation of opioids. It has also become apparent that analgesia is not always sustained over time, and that pain may be improved with weaning of opioids. The injured worker has developed opioid tolerance as the opioid dosage has increased over time. Furthermore, as noted by the Official Disability Guidelines, "Since 2003, more overdose deaths have involved prescription opioid analgesics than heroin or cocaine combined. The CDC estimates that in 2008 there were almost 100 drug overdose deaths a day (in numbers nearing that of deaths from motor vehicle accidents). Opioid pain relievers accounted for 73.8% of deaths, with prescription drugs accounting for the largest increase in deaths. (MMWR, 2011) The risk of overdose increases when opioids are used with other drugs (such as benzodiazepines, cocaine, and/or heroin) or alcohol." In this case, it is noted that the injured worker. in addition to being prescribed opioids, is also being prescribed benzodiazepine Xanax which increases the risk of respiratory depression and increases the risk of morbidity and mortality. For these reasons, the ongoing use of Norco 10/325 mg #120 is not supported and weaning should occur to bring the morphine equivalent dosage to a level less the 120. The records indicate that modification has been rendered in Utilization Review. The request for Norco 10/325 mg #120 is therefore not medically necessary.