

<b>Case Number:</b>	CM15-0028467		
<b>Date Assigned:</b>	02/20/2015	<b>Date of Injury:</b>	02/07/2005
<b>Decision Date:</b>	04/07/2015	<b>UR Denial Date:</b>	02/05/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/16/2015

### 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: Internal 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 50 year old male, who sustained an industrial injury on February 7, 2005. The injured worker had reported a neck and a low back injury. The diagnoses have included cervical spondylosis and lumbosacral spine degenerative disc disease with radiculopathy to the left lower extremity. Treatment to date has included pain medication, electrodiagnostic studies, cervical epidural steroid injection, cervical and lumbar MRI's and an anterior cervical fusion on October 16, 2014. Current documentation dated January 22, 2015 notes that the injured worker reported significant post-operative cervical pain. He developed swallowing problems following the surgery with coughing episodes, which exacerbates the pain. Physical examination of the cervical spine revealed tenderness with increased rigidity. There were numerous trigger points which were tender and palpable. Range of motion was decreased. Examination of the lumbar spine revealed tenderness to palpation with increased rigidity and numerous trigger points. Range of motion was decreased with guarding. Sensation was decreased in the left lower extremity. On February 5, 2015 Utilization Review modified a request for Norco 10/325 mg # 180 for gradual tapering. The MTUS, ACOEM Guidelines, were cited. On February 16, 2015, the injured worker submitted an application for IMR for review Norco 10/325 mg # 180.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 10/325mg #180:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 91.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page 74-96 and Hydrocodone/Acetaminophen Page 91.

**Decision rationale:** Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines (page 89) present the strategy for maintenance for long-term users of opioids. "Do not attempt to lower the dose if it is working." Supplemental doses of breakthrough medication may be required for incidental pain, end-of dose pain, and pain that occurs with predictable situations. The standard increase in dose is 25 to 50% for mild pain and 50 to 100% for severe pain. Actual maximum safe dose will be patient-specific and dependent on current and previous opioid exposure, as well as on whether the patient is using such medications chronically. Four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant drug-related behaviors. These domains have been summarized as the 4 A's (analgesia, activities of daily living, adverse side effects, and aberrant drug-taking behaviors). The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs. Hydrocodone/Acetaminophen (Norco) is indicated for moderate to moderately severe pain. The pain management progress report dated January 22, 2015 documented that the patient was three months postoperative following anterior cervical discectomy and fusion surgery at C4-5 and C5-6 on October 16, 2014. He still experiences significant postoperative pain which he rates today from 0-10 as 9 in intensity. He is also experiencing difficulty with swallowing both liquids and solids following a surgery and on occasions uses a straw. He also had coughing episodes which exacerbates to his neck and low back pain. The patient recently followed up with the orthopedic spine surgeon and informed him that he will be starting outpatient physical therapy soon. The patient also complains of pain in his lower back radiating down to both lower extremities. He currently rates his low back pain today from 0-10 as 8 in intensity. The orthopedic spine surgeon is considering surgical intervention of his lumbar spine in the near future. Lumbar spine MRI magnetic resonance imaging on May 15, 2014 revealed at L5-S1 dehiscence of the nucleus pulposus with a 5 mm protrusion and small tear of the annulus. Analgesia, activities of daily living, adverse side effects, and aberrant behaviors were addressed. Medical records document objective physical examination findings. Medical records document regular physician clinical evaluations and monitoring. Per MTUS, Hydrocodone / Acetaminophen (Norco) is indicated for moderate to moderately severe pain. The request for Norco (Hydrocodone/Acetaminophen) is supported by the MTUS guidelines. Therefore, the request for Norco 10/325 mg is medically necessary.