

<b>Case Number:</b>	CM15-0040543		
<b>Date Assigned:</b>	03/10/2015	<b>Date of Injury:</b>	09/04/2008
<b>Decision Date:</b>	04/17/2015	<b>UR Denial Date:</b>	02/04/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/03/2015

### 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: Montana

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 52-year-old male, who sustained an industrial injury on September 4, 2008. He reported a 25 feet fall from an iron framework while wearing 90 pounds of tools around his waist. The injured worker was diagnosed as having lumbar radiculopathy, cervical radiculopathy, post-concussion syndrome, chest wall pain, rib and sternum anomalies, internal injury, posttraumatic stress disorder, hand pain, sleep apnea and lower leg joint pain. Treatment to date has included epidural steroid injection, diagnostic studies, medications, acupuncture, home exercises and psychiatric treatment. On February 18, 2015, the injured worker complained of back pain radiating from the low back down both legs. He rated his pain as a 7 on a 1-10 pain scale with medication and as a 10/10 without medications. His activity level has increased and he reported that his medications are working well. The treatment plan included psychiatric consultation, consider an EMG and medications. The treating physician has requested Norco 5/325 #30.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 5/325mg quantity 30:** Overturned

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 387, Chronic Pain Treatment Guidelines Opioids, Criteria for Use.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids  
Page(s): 75-80 and 91.

**Decision rationale:** Norco is a brand name for hydrocodone, a short-acting opioid analgesic, combined with acetaminophen. The MTUS states that opioids are not recommended as first line therapy for neuropathic pain. Opioids are suggested for neuropathic pain that has not responded to first line recommendations including antidepressants and anticonvulsants. The MTUS states that reasonable alternatives to opioid use should be attempted. There should be a trial of non-opioid analgesics. When subjective complaints do not correlate with clinical studies a second opinion with a pain specialist and a psychological assessment should be obtained. The lowest possible dose should be prescribed to improve pain and function. Ongoing use of hydrocodone/acetaminophen requires review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include: the least reported pain over the period since the last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. In this case, the medical records document excellent pain control and specific functional improvements are noted related to activities of daily living. The records do document an adequate pain assessment. Drug testing has been performed. While tapering off of opioid medication remains an alternative for the treating physician, in this case there appears to be good pain control on a low dose of Norco. The prior Utilization Review decision is reversed and the request for Norco 5/325 #30 is medically necessary.