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| <b>Case Number:</b>   | CM15-0043457 |                              |            |
| <b>Date Assigned:</b> | 03/13/2015   | <b>Date of Injury:</b>       | 07/14/2011 |
| <b>Decision Date:</b> | 04/23/2015   | <b>UR Denial Date:</b>       | 02/13/2015 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 03/09/2015 |

### 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 45-year-old male, who sustained an industrial injury on 07/14/2011. He has reported injury to the low back. The diagnoses have included lumbago; lumbar degenerative disc disease; lumbar facet joint arthropathy; lumbar disc protrusion; and bilateral sacroiliitis. Treatment to date has included medications, physical therapy, and lumbar diagnostic medical branch block, bilateral L4-L5 and bilateral L5-S1 facet joint radiofrequency nerve ablation, and bilateral sacroiliac joint injections. Medications have included Norco, Neurontin, Ultram, and Relafen. A progress note from the treating physician, dated 02/10/2015, documented a follow-up visit with the injured worker. Currently, the injured worker complains of low back pain radiating to the buttocks. Objective findings included tenderness upon palpation of the lumbar paraspinal muscles overlying the bilateral L4-L5 and L5-S1 facet joints; lumbar spasms; and restricted and painful lumbar range of motion. The treatment plan has included prescription medication. Request is being made for Norco 10/325 mg #120, as it decreases the injured worker's pain and improves his activities of daily living.

### 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 Treatment Guidelines Opioids, Criteria for use.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page 74-96. 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 progress report dated 2/18/15 documented a history of lumbosacral conditions and inguinal hernia. Analgesia, activities of daily living, adverse side effects, and aberrant behaviors were addressed. Pain contract was signed. 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.