

<b>Case Number:</b>	CM15-0088691		
<b>Date Assigned:</b>	05/12/2015	<b>Date of Injury:</b>	03/24/1999
<b>Decision Date:</b>	06/12/2015	<b>UR Denial Date:</b>	04/30/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/08/2015

### 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: New Jersey, Alabama, California  
 Certification(s)/Specialty: Neurology, Neuromuscular 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 57-year-old female, who sustained an industrial injury on 3/24/1999. The current diagnoses are status post lumbar laminectomy, neuropathic pain in the lower extremities, depression, and anxiety. According to the progress report dated 4/20/2015, the injured worker complains of pain in her back with spasms. She reports some difficulty trying to sleep at night because of the severe pain. Her current pain is rated 9/10 on a subjective pain scale. Her pain at best is 4/10 with medications and 10/10 without. She reports a 50% reduction in pain and 50% functional improvement with activities of daily living with the medications. The physical examination reveals palpable spasms in the lumbar trunk. She can flex 20 degrees and extend 5 degrees. Right and left straight leg raise tests are both 80 degrees causing right-sided back pain with radiation into her right buttocks and posterior thigh. There is an absent right Achilles reflex. There is sensory loss to light touch and pinprick in the right lateral calf and bottom of her foot. The current medications are Duragesic patch, Norco, Lyrica, Cymbalta, Amitiza, Colace, Senokot, Zanaflex, and Ambien. Treatment to date has included medication management, MRI studies, radiofrequency ablation, and narcotic pump trial. The plan of care includes Prescription refill for Norco.

### 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 Opioids, criteria for use.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of opioids Page(s): 76-79.

**Decision rationale:** According to MTUS guidelines, Norco (Hydrocodone/Acetaminophen) is a synthetic opioid indicated for the pain management but not recommended as a first line oral analgesic. In addition and according to MTUS guidelines, ongoing use of opioids should follow specific rules: “(a) Prescriptions from a single practitioner taken as directed, and all prescriptions from a single pharmacy. (b) The lowest possible dose should be prescribed to improve pain and function. (c) Office: Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. 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 (or non-adherent) 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.” According to the patient file, there is no objective documentation of pain and functional improvement to justify continuous use of Norco. Norco was used for longtime without documentation of functional improvement or evidence of return to work or improvement of activity of daily living. Therefore, the prescription of Norco 10/325mg #120 is not medically necessary.