

<b>Case Number:</b>	CM15-0236208		
<b>Date Assigned:</b>	12/11/2015	<b>Date of Injury:</b>	09/04/2000
<b>Decision Date:</b>	01/20/2016	<b>UR Denial Date:</b>	11/10/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/02/2015

### 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: Pennsylvania

Certification(s)/Specialty: Internal Medicine, Hospice & Palliative 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 female, who sustained an industrial injury on 9-4-00. The injured worker was being treated for sciatica, lumbosacral strain, lumbar disc degeneration and mood adjustment disorder. On 8-18-15 and 9-8-15, the injured worker complains of sharp, stabbing, cramping, shooting, burning, tingling, aching, dull, throbbing and severe back pain rated 7-8 out of 10, associated with numbness, tingling, spasms, fatigue, swelling, locking and weakness. Documentation does not include level of pain prior to or following administration of medications, duration of relief or functional improvement related to use of medications. Work status is noted to be permanently disabled. Physical exam performed on 8-18-15 and 9-8-15 revealed injured worker in moderate distress, palpable trigger points in gluteus medius region, lumbar quadratus region bilaterally with limited lumbar range of motion. Treatment to date has included oral medications including Norco (since at least 9-2013), Gabapentin, Trazodone and Tizanidine; topical Lidoderm patch, physical therapy, acupuncture, functional restoration program and activity modifications. The treatment plan included request for spinal brace, Norco 10-325mg #180, gabapentin 300mg 390, Trazodone 50mg #30 and Omeprazole 20mg #60. On 11-10-15 request for Norco 10-325mg #180 was modified to #135 and Norco 10-325mg #180 was non-certified by utilization review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 10/325 mg Qty 180: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids (Classification), Opioids, criteria for use, Opioids, specific drug list, Weaning of Medications.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids (Classification), Acetaminophen, Opioids, California Controlled Substance Utilization Review and Evaluation System (CURES) [DWC], Opioids, criteria for use, Opioids for chronic pain, Opioids for neuropathic pain, Opioids for osteoarthritis, Opioids, cancer pain vs. nonmalignant pain, Opioids, dealing with misuse & addiction, Opioids, differentiation: dependence & addiction, Opioids, dosing, Opioids, indicators for addiction, Opioids, long-term assessment, Opioids, pain treatment agreement, Opioids, psychological intervention, Opioids, screening for risk of addiction (tests), Opioids, specific drug list, Opioids, steps to avoid misuse/addiction, Opioid hyperalgesia, Weaning of Medications.

**Decision rationale:** Norco (hydrocodone with acetaminophen) is a combination medication in the opioid and pain reliever classes. The MTUS Guidelines stress the lowest possible dose of opioid medications should be prescribed to improve pain and function, and monitoring of outcomes over time should affect treatment decisions. The Guidelines recommend that the total opioid daily dose should be lower than 120mg oral morphine equivalents. Documentation of pain assessments should include the current pain intensity, the lowest intensity of pain since the last assessment, the average pain intensity, pain intensity after taking the opioid medication, the amount of time it takes to achieve pain relief after taking the opioid medication, and the length of time the pain relief lasts. Acceptable results include improved function, decreased pain, and/or improved quality of life. The MTUS Guidelines recommend opioids be continued when the worker has returned to work and if the worker has improved function and pain control. When these criteria are not met, a slow individualized taper of medication is recommended to avoid withdrawal symptoms. The submitted documentation indicated the worker was experiencing back pain with numbness and tingling, fatigue and problems sleeping, abdominal discomfort, headaches, and a sense of weakness. The recorded pain assessments were minimal and contained few of the elements suggested by the Guidelines in an individualized way. There was no discussion detailing how this medication improved the worker's function, describing how often the medication was needed and used by the worker, exploring the potential negative side effects, or providing an individualized risk assessment. Further, the request was for a large amount of medication, which would not allow for changes in the worker's care needs. For these reasons, the current request for 180 tablets of hydrocodone with acetaminophen) 10/325mg is not medically necessary. Because the potentially serious risks outweigh the benefits in this situation based on the submitted documentation, an individualized taper should be able to be completed with the medication the worker has available.

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