

<b>Case Number:</b>	CM14-0147600		
<b>Date Assigned:</b>	10/09/2014	<b>Date of Injury:</b>	12/08/2010
<b>Decision Date:</b>	11/14/2014	<b>UR Denial Date:</b>	08/28/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/11/2014

### 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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 patient is a 48-year-old diabetic woman who sustained a work related injury on December 8, 2010. Subsequently, she developed chronic back pain. The patient underwent a microdiscectomy right side L5-S1 on May 29, 2012 and an anterior interbody fusion with discectomy 2 levels at L4-5 and L5-S1 on April 29, 2013. Her prior treatment has included medications (Gabapentin, Docusate Sodium, Senokot, Duragesic, Norco, and Flexeril), lumbar MBB L3, L4, L5, and S1 right on September 19, 2011, piriformis injections right on July 29, 2011, L5 and S1 TFESI on the right (patient reported it made the pain worse) on May 20, 2011, and right sacroiliac joint steroid injection on July 1, 2011. MRI of the lumbar spine dated February 28, 2012 showed L5-S1 6-7 mm central and right paracentral disc herniation. Interim increase in the disc size since March 28, 2011. Right S1 nerve root effacement with mild spinal stenosis. L4-5: 2-3 mm central and left paracentral disc protrusion. Mild spinal stenosis. According to a progress report dated August 28, 2014, the patient has been complaining of back pain radiating from low back down both legs. The patient rated her pain with medications as 3/10 and without medications as 9/10. Examination of the lumbar spine revealed loss of normal lordosis with straightening of the lumbar spine. Range of motion was restricted with flexion limited to 35 degrees, extension limited to 10 degrees. Straight leg raising test was positive. Babinski's sign was negative. Motor testing was limited by pain. Motor strength of EHL was 5-/5 on right and 5/5 on left. Ankle dorsi flexor's was 5-/5 on right and 5/5 on left. Ankle planter flexor's was 5-/5 on right and 5/5 on left. Knee extensor's was 5-/5 on right and 5/5 on left. Light sensation was decreased over medial foot, medial calf, lateral calf anterior thigh on the right side. UDS performed on September 25, 2013 was positive for methadone, no Norco found and no Gabapentin found. The patient was diagnosed with post lumbar laminectomy syndrome, lumbar radiculopathy, low back pain, and spinal/lumbar DDD. The provider requested authorization to use Norco.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 10/325mg #150:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines When to discontinue opioids, When to continue opioids, Weaning of.

**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, she continued to have severe pain despite the use of Norco. There is no objective documentation of pain and functional improvement to justify continuous use of Norco, Flexeril and other pain medications. There is no documentation of the patient compliance to his medications especially Norco. The patient reported side effect from long term use of Norco including constipation and depression. Therefore, the prescription of NORCO 10/325MG is not medically necessary.