

<b>Case Number:</b>	CM14-0155599		
<b>Date Assigned:</b>	09/25/2014	<b>Date of Injury:</b>	06/24/1999
<b>Decision Date:</b>	10/27/2014	<b>UR Denial Date:</b>	09/11/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/23/2014

### 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 Family Medicine 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:

This is a 65-year-old male who reported an industrial injury to the back on 6/24/1999, over 15 years ago, attributed to the performance of his usual and customary job duties. The patient complained of persistent low back pain with flare-ups to the back and with radiation to the left lower extremity. The patient was noted to have received recent chiropractic care with some short term benefit and trigger point injections with some short term benefit but knows sustained functional improvement. The patient was noted to be taking Norco 1-2 per day; soma; Ambien; and nabumetone. The medications were reported to allow him to stay active was fishing and hunting. The objective findings on examination included decreased range of motion to the cervical spine with decreased sensation at C6 and C7 dermatome; slow steady gait; decreased range of motion to the lumbar spine with reported sensory decreased to L4 and L5 dermatomes on the left; shoulder range of motion was decreased with abduction that 90 with tenderness to palpation; range of motion of the knee was diminished. The diagnoses included shoulder joint pain; lower leg pain; cervical degenerative disc disease; cervical post laminectomy syndrome; bulging lumbar disc; and cervicalgia. The prescribed medications included hydrocodone-APAP 10/325 mg.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 10/325mg, #45:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines opioids pages Page(s): 74-97. Decision based on Non-MTUS Citation (ODG) pain chapter-opioids

**Decision rationale:** Evidence-based guidelines recommend short-term use of opioids for the management of chronic nonmalignant moderate to severe pain. Long-term use is not recommended for nonmalignant pain due to addiction, dependency, intolerance, abuse, misuse and/or side effects. Ongoing opioid management criteria are required for long-term use with evidence of reduce pain and improve function as compared to baseline measurements or a return to work. The prescription for Hydrocodone-APAP (Norco) 10/325mg, #45 with one refill for short acting pain is being prescribed as an opioid analgesic for the treatment of chronic pain to the back for the date of injury 15 years ago. The objective findings on examination do not support the medical necessity for continued opioid analgesics. The patient is being prescribed opioids for chronic mechanical low back pain, which is inconsistent with the recommendations of the CA MTUS. There is no objective evidence provided to support the continued prescription of opioid analgesics for the cited diagnoses and effects of the industrial claim. The patient should be titrated down and off the prescribed Hydrocodone. The patient is 15 years status post DOI with reported continued issues postoperatively; however, there is no rationale supported with objective evidence to continue the use of opioids. There is no demonstrated medical necessity for the continuation of opioids for the effects of the industrial injury. The chronic use of Hydrocodone-APAP/Norco is not recommended by the CA MTUS, the ACOEM Guidelines, or the Official Disability Guidelines for the long-term treatment of chronic back/knee pain. There is no demonstrated sustained functional improvement from the prescribed opioids. There is no clinical documentation with objective findings on examination to support the medical necessity of Hydrocodone-APAP for this long period of time or to support ongoing functional improvement. There is no provided evidence that the patient has received benefit or demonstrated functional improvement with the prescribed Hydrocodone-APAP. There is no demonstrated medical necessity for the prescribed Opioids. The continued prescription for Norco 10/325 mg, #45 with refill x1 is not demonstrated to be medically necessary.