

<b>Case Number:</b>	CM14-0160205		
<b>Date Assigned:</b>	10/03/2014	<b>Date of Injury:</b>	07/07/1995
<b>Decision Date:</b>	11/06/2014	<b>UR Denial Date:</b>	09/22/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/29/2014

### 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, has a subspecialty in Pain Medicine and is licensed to practice in Texas and Oklahoma. 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 injured worker is a 55-year-old male, who reported injury on 07/07/1995. The mechanism of injury was not included. The diagnoses included post-lumbar laminectomy syndrome, lumbar degenerative disc disease, and low back pain. The past treatments included medications and caudal injection. The surgical history included a fusion at L4-5 in 2000. The pain management progress note, dated 06/18/2014, noted the injured worker complained of back pain radiating from his low back down to his bilateral lower extremities. The pain was rated a 4/10 with medications and an 8/10 without medications. The injured worker reported his activity level had remained the same; he was taking his medications as prescribed, and they were working well. The physical exam noted loss of lumbar lordosis, range of motion restricted by pain, with flexion to 50 degrees, extension to 15 degrees, lateral bending to 10 degrees, and normal lateral rotation. The physician also noted tenderness to palpation of the paravertebral muscles bilaterally with spasm, positive straight leg raise test bilaterally at 40 degrees, and lower extremity reflexes rated 1/4. Medications included Avinza 60 mg capsule twice a day, Lyrica 150 mg twice daily, Norco (brp) 10/325 mg #120 1 every 4 to 6 hours as needed for pain (maximum 5 per day), Norco (brp) 10/325 mg #90 1 every 4 to 6 hours as needed for pain (maximum 5 per day), Phenergan 25 mg daily as needed, and Soma 350 mg 3 times a day as needed. The Request for Authorization form, dated 06/27/2014, included a request for Norco 10/325 mg #120 1 every 4 to 6 hours as needed for pain, quantity 120 (maximum 5 per day), and Norco 10/325 mg #90 1 every 4 to 6 hours as needed for pain, quantity 180 (maximum 5 per day).

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retrospective Norco 10/325mg #180 DOS: 8/13/14: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use of Page(s): 78-80.

**Decision rationale:** The request for retrospective Norco 10/325mg #180 DOS: 8/13/14 is not medically necessary. The injured worker complained of pain rated 4/10 with medications and 8/10 without medications to his low back, radiating to his bilateral lower extremities. The California MTUS Guidelines recommend opioids for long term management of chronic pain only when pain and functional improvements are measured using a numerical scale or validated instrument. Side effects and aberrant drug taking behavior should also be documented. The guidelines also state long term efficacy is unclear, and failure to respond to a time limited course of opioids has led to the suggestion of reassessment and consideration of alternative therapy. There are no clinical notes provided from the date of service. There is no documentation of assessment of side effects or aberrant drug taking behaviors. It is unclear exactly how much medication the injured worker is taking to allow his pain relief and functional improvement, as there are 2 prescriptions documented for Norco 10/325mg, and the number dispensed differs from the maximum daily allowance and the number requested. Given the lack of documentation of side effects or aberrant drug taking behaviors, and the medical necessity for 180 Norco tablets having not been established, the retrospective request for Norco 10/325 mg #180 is not supported by the guidelines or the documentation provided. Therefore, the request is not medically necessary.

**Retrospective Hydrocodone-Acetaminophin 10/325 #180 DOS: 8/13/14: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use of Page(s): 78-80.

**Decision rationale:** The request for retrospective Hydrocodone-Acetaminophin 10/325 #180 DOS: 8/13/14 is not medically necessary. The injured worker complained of pain rated 4/10 with medications and 8/10 without medications to his low back, radiating to his bilateral lower extremities. The California MTUS Guidelines recommend opioids for long term management of chronic pain only when pain and functional improvements are measured using a numerical scale or validated instrument. Side effects and aberrant drug taking behavior should also be documented. The guidelines also state long term efficacy is unclear, and failure to respond to a time limited course of opioids has led to the suggestion of reassessment and consideration of alternative therapy. There are no clinical notes provided from the date of service. There is no documentation of assessment of side effects or aberrant drug taking behaviors. It is unclear

exactly how much medication the injured worker is taking to allow his pain relief and functional improvement, as there are 2 prescriptions documented for Norco 10/325mg, and the number dispensed differs from the maximum daily allowance and the number requested. Given the lack of documentation of side effects or aberrant drug taking behaviors, and the medical necessity for 180 Norco tablets having not been established, the retrospective request for hydrocodone/acetaminophen 10/325 #180 is not supported by the guidelines or the documentation provided. Therefore, the request is not medically necessary.

**Retrospective Hydrocodone-Acetaminophin 10/325 #120 DOS: 8/13/14: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use of Page(s): 78-80.

**Decision rationale:** The request for retrospective Hydrocodone-Acetaminophin 10/325 #120 DOS: 8/13/14 is not medically necessary. The injured worker complained of pain rated 4/10 with medications and 8/10 without medications to his low back, radiating to his bilateral lower extremities. The California MTUS Guidelines recommend opioids for long term management of chronic pain only when pain and functional improvements are measured using a numerical scale or validated instrument. Side effects and aberrant drug taking behavior should also be documented. The guidelines also state long term efficacy is unclear, and failure to respond to a time limited course of opioids has led to the suggestion of reassessment and consideration of alternative therapy. There are no clinical notes provided from the date of service. There is no documentation of assessment of side effects or aberrant drug taking behaviors. It is unclear exactly how much medication the injured worker is taking to allow his pain relief and functional improvement, as there are 2 prescriptions documented for Norco 10/325mg, and the number dispensed differs from the maximum daily allowance and the number requested. Given the lack of documentation of side effects or aberrant drug taking behaviors, and the medical necessity for 180 Norco tablets having not been established, the retrospective request for hydrocodone/acetaminophen 10/325 #120 is not supported by the guidelines or the documentation provided. Therefore, the request is not medically necessary.