

<b>Case Number:</b>	CM14-0164005		
<b>Date Assigned:</b>	10/08/2014	<b>Date of Injury:</b>	03/28/2012
<b>Decision Date:</b>	11/07/2014	<b>UR Denial Date:</b>	10/02/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/06/2014

### 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 Occupational 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:

The claimant injured his low back on 03/28/12. Norco is under review. On 05/15/12 he complained of constant low back pain. He was diagnosed with a sprain and radiculopathy. He had radicular type pain. Physical therapy was continued. He was given medication including Zanaflex and Toradol. On 05/21/12, he reported severe pain. He had pain radiating to both legs with numbness. His pain got worse with PT and he was unable to walk. He had an antalgic gait with a quad cane. He had a lumbar MRI that showed a disc protrusion at L4-5 and disc bulge/osteophyte complex at L5-S1. There was compression/contact on the bilateral L5 and S1 nerve roots. He had facet arthropathy. He was prescribed Norco. Lumbar ESI was recommended at level L5-S1. He complained of worsening pain a few days later. He received gabapentin and an injection of Toradol and Hydrocodone/Acetaminophen was refilled. On 06/12/12, he reported taking 3 Norco per day. He is status post L5 laminectomy and decompression at L4-5 and L5-S1 on 09/24/13. A repeat lumbar MRI on 11/27/13 showed no postoperative disc protrusions and no recurrent central canal stenosis. He continued complaining of low back pain radiating to the anterior thigh at level 6/10. He underwent a lumbar caudal epidural steroid injection in both on 03/11/14 at level L5-S1 with 40% improvement. He had continued to use Percocet and Norco. Additional spine surgery was under consideration. He had been able to decrease his usage of the cane. Reportedly a 2 level fusion had been recommended. He was walking for exercise. He was transitioning his Percocet to Norco per note dated 06/03/14. He wanted to undergo a process of detoxification at some point. On 07/29/14, he was taking Clonidine, Meloxicam, Norco 10/325 twice a day, Percocet 10/325 twice a day, Ondansetron and was using Lidoderm patches. He was to decrease Percocet to 1 per day and increase Norco to 4 per day. He was given Zofran and Clonidine for withdrawal symptoms. There were no issues of misuse or divergent. He had increased activity and functionality on

opiate therapy. A drug screen dated 08/21/14 revealed no illicit drugs. The test was positive for hydrocodone and negative for oxycodone. On 09/17/14, he had a diagnosis of post-laminectomy syndrome with low back pain and myofascial pain. He had numbness in the left lower extremity down the back of the thigh to the knee with stiffness of his back and spasm. He was using a cane. He needed assistance with his activities of daily living. He was transitioning from Percocet to Norco in an effort to wean from his opioid independently. He was down to 20 Percocet tablets per month and was taking 3-4 Norco per day. He was to continue this over the next 2 months until he was no longer taking Percocet. He agreed to drop the Percocet use to 15 times per month. He still had trouble sleeping. He wanted to work on weaning his narcotics. He was walking for exercise. He wanted to avoid surgery if at all possible.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Norco 10/325 mg #120:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids for Chronic Pain, Medications for Chronic Pain, Page(s): 94, 110.

**Decision rationale:** The history and documentation do not objectively support the request for continued use of the opioid, Norco 10/325 mg #120. The MTUS outlines several components of initiating and continuing opioid treatment and states "a therapeutic trial of opioids should not be employed until the patient has failed a trial of non-opioid analgesics. Before initiating therapy, the patient should set goals, and the continued use of opioids should be contingent on meeting these goals." In these records, there is no documentation of trials and subsequent failure of or intolerance to first-line drugs such as acetaminophen or non-steroidal anti-inflammatory drugs. MTUS further explains, "pain assessment should include: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts." There is also no indication that periodic monitoring of the claimant's specific pattern of use and a response to this medication, including assessment of pain relief and functional benefit, has been or will be done. Additionally, the 4A's "analgesia, activities of daily living, adverse side effects, and aberrant drug-taking behaviors" should be followed and documented per the guidelines. The claimant's pattern of use of Norco is unclear other than he takes it to help him wean from Percocet. It is unclear how switching from Percocet to Norco is beneficial to him as they are both opioids. Also, it is not clear whether he is actually decreasing the Percocet or not. Of note, a recent drug screen was positive for hydrocodone and negative for Oxycodone, though he has reportedly been taking both regularly for weaning purposes. There is no clear evidence that a pain diary is being kept by the claimant and is being reviewed by the prescriber on an ongoing basis at his visits. As such, the medical necessity of the ongoing use of Norco 10/325 mg has not been clearly demonstrated.