

<b>Case Number:</b>	CM14-0167805		
<b>Date Assigned:</b>	10/15/2014	<b>Date of Injury:</b>	11/14/2001
<b>Decision Date:</b>	11/18/2014	<b>UR Denial Date:</b>	09/08/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/11/2014

### 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 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 was injured on 11/14/01. Norco is under review. On 06/25/14, urine drug screen was positive for benzodiazepines and opiates. She has chronic low back pain and left leg pain. On 08/19/14, she reported no change in her symptoms. She reported pain of 10/10 without medications and 4/10 with medications. She was using Duragesic patch, Cymbalta, Ambien, gabapentin, baclofen, Xanax, and Norco (10/325, 1-2 tablets by mouth every 4 hours not to exceed 8 per day.) She was given a 30 day supply. She complained of fatigue, insomnia, anxiety, and depression. Physical examination was overall unremarkable. She received refills of medications. On 09/15/14, she had the same pain. She had had some withdrawal from baclofen. Duragesic was helpful. She was still using Norco, Ambien, Cymbalta, gabapentin, and baclofen. Physical examination revealed tenderness about the neck and back and the facet joints with decreased range of motion. Norco was continued. MRI had been recommended. She had back pain radiating down her left leg in an L5-S1 distribution. She has been using these medications for a prolonged period of time. There is no mention of a pain contract or diary. On 09/16/14, a drug screen was positive for opiates and negative for benzodiazepines.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retrospective request for Norco 10/325mg #240 DOS 8/19/14: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids for Chronic Pain, and Medications for Chronic Pain Page(s): 94,100.

**Decision rationale:** The history and documentation do not objectively support the request for the opioid, Norco 10/325mg #240. 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 pattern of use and a response to this medication, including assessment of pain relief and functional benefit, has been or will be done. There is no evidence that she has been involved in an ongoing rehab program to help maintain any benefits she received from treatment measures. 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 she takes it and reports benefit from her medications, of which she has many. It is not clear how benefit to the claimant specifically from the use of Norco has been established. There is no evidence that a signed pain agreement is on file at the provider's office and no evidence that a pain diary has been recommended and is being kept by the claimant and reviewed by the prescriber. This medication should be weaned by the treating prescriber. Under these circumstances, the medical necessity of the ongoing use of Norco has not been clearly demonstrated and the request is deemed not medically necessary.