

<b>Case Number:</b>	CM14-0180665		
<b>Date Assigned:</b>	11/06/2014	<b>Date of Injury:</b>	02/10/2006
<b>Decision Date:</b>	12/09/2014	<b>UR Denial Date:</b>	09/25/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/30/2014

### 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 & Rehabilitation, has a subspecialty in Pain 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 injured worker is a 59 year-old male with an original date of injury on 2/10/2006. The industrially related diagnoses are lumbar disc disease, lumbar radiculitis, cervical disc disease, cervical radiculitis, degenerative of lumbar disc, and lower back pain. The patient's treatment to date includes cervical epidural steroid injection, oral medications, physical therapy, massage, and home exercise program without significant improvement in his symptoms. His oral medications are Norco 10-325mg, Valium 10mg twice daily, and Motrin 800mg three times daily. The disputed issue is a refill of Norco 10-325mg 100 tablets. A utilization review dated 9/23/2014 has non-certified this request. The stated rationale for denial was the 4 A domains of opioid monitoring (pain relief, side effects, physical and psychological function, and aberrant drug-related behaviors) were not addressed by the provider in the medical record provided for review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 325/10mg 1 tablet every 3 hours 240 tablets with 1 refill: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 24, 74-97.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines (Effective July 18, 2009) Page(s): 75-80.

**Decision rationale:** Chronic Pain Medical Treatment Guidelines (Effective July 18, 2009) page 44, 47, 75-79, 120 of 127, central acting analgesics: an emerging fourth class of opiate analgesic that may be used to treat chronic pain. This small class of synthetic opioids (e.g., Tramadol) exhibits opioid activity and a mechanism of action that inhibits the reuptake of serotonin and norepinephrine. Central analgesics drugs such as Tramadol (Ultram ) are reported to be effective in managing neuropathic pain. Side effects are similar to traditional opioids. Regarding the request for Norco (hydrocodone/acetaminophen), Chronic Pain Medical Treatment Guidelines state that Norco is an opiate pain medication. Due to high abuse potential, close follow-up is recommended with documentation of analgesic effect, objective functional improvement, side effects, and discussion regarding any aberrant use. On a progress note from 1/13/2014, there's documentation of the patient stating his pain was getting worse while being on Norco. There is no indication that the medication is improving the patient's function or pain, no documentation regarding side effects, and no discussion regarding aberrant use. As such, there is no clear indication for ongoing use of the medication. Opioids should not be abruptly discontinued, but unfortunately, there is no provision to modify the current request to allow tapering. In light of the above issues, the currently requested Norco (hydrocodone/acetaminophen) is not medically necessary.