

<b>Case Number:</b>	CM14-0181075		
<b>Date Assigned:</b>	11/05/2014	<b>Date of Injury:</b>	03/29/2008
<b>Decision Date:</b>	12/11/2014	<b>UR Denial Date:</b>	10/17/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/31/2014

### 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 Neurology and is licensed to practice in New Jersey. 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 patient is a 46-year-old man who sustained a work-related injury on March 29, 2008. Subsequently, he developed chronic shoulder and low back pain. The patient has had an anterior-posterior fusion done in 2011, which gave him about 30% relief but did not significantly help with all his pain and symptoms. The patient has had about 24 visits of physical therapy, multiple epidural steroid injections at L3-4 and L4-5, none of which gave him a very significant amount of relief. MRI of the lumbar spine from May 20, 2013 showed evidence of a previous fusion at the L3-4 level. There were some mild degenerative changes at the L4-5 level with mild central and mild foraminal narrowing at this level, but no major impingement. The patient underwent a lumbar epidural steroid injection in April of 2014, which he stated helped for several months. According to a progress report dated September 30, 2014, the patient stated that his current medication does help decrease pain and improve his activities. He stated that his pain is at 5/10 with medication and 10/10 without medication. The patient does experience constipation from the medication. On examination, the patient had pain with range of motion of the lumbar spine. There was tenderness with mild spasm in the left paralumbar muscles. Straight leg raising on the right was negative. straight leg raising on the left was positive. The patient ambulates with marked antalgic gait. The patient was diagnosed with lumbosacral neuritis or radiculitis, displacement of thoracic or lumbar intervertebral disc without myelopathy, and post-laminectomy syndrome of lumbar region. The provider request authorization for Norco.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 10/325mg 1 PO Q4H #180:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for use of Opioids:/ Steps to Take Before a Ther.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of opioids Page(s): 76-79.

**Decision rationale:** According to MTUS guidelines, Norco (Hydrocodone/Acetaminophen) is a synthetic opioid indicated for the pain management but not recommended as a first line oral analgesic. In addition and according to MTUS guidelines, ongoing use of opioids should follow specific rules:<(a) Prescriptions from a single practitioner taken as directed, and all prescriptions from a single pharmacy.(b) The lowest possible dose should be prescribed to improve pain and function.(c) Office: Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non adherent) drug-related behaviors. These domains have been summarized as the "4 A's" (analgesia, activities of daily living, adverse side effects, and aberrant drug taking behaviors). The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework>According to the patient file, there is no objective documentation of pain and functional improvement to justify continuous use of Norco. Norco was used for longtime without documentation of functional improvement or evidence of return to work or improvement of activity of daily living. Therefore, the prescription of Norco 10/325 mg, #180 is not medically necessary.