

<b>Case Number:</b>	CM14-0091482		
<b>Date Assigned:</b>	07/25/2014	<b>Date of Injury:</b>	07/21/1998
<b>Decision Date:</b>	09/18/2014	<b>UR Denial Date:</b>	05/30/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/17/2014

### 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 07/21/98. Norco is under review. He has been approved to see a spine surgeon. He has ongoing back pain. He received a refill of Norco on 12/04/13. He underwent a urine drug screen that day that was inconsistent with his prescribed medication. Hydrocodone was not present but it was expected as it was a prescribed medication. On 01/03/14, Norco was refilled again. He was also taking Prozac and Remeron. His back pain was unchanged. He was taking Norco 10/325 but his pattern of use was not stated. He was permitted to take 1-2 per day. He was also using an H wave unit. On 01/31/14, the Norco was increased. He had ongoing pain and stated Norco 3 times a day was not enough as he had worse pain at times. An orthopedic spine consultation was recommended. The Norco was increased. On 02/28/14, the notes state he is status post lumbar fusion and discectomy. His pain was worse lately. He wanted to increase the Norco from 3 times a day because it wore off after a couple of hours. Again a surgical consultation was recommended. On 03/28/14, he reported taking Norco 4 times a day but wanted to increase it and the dose was increased. The Prozac was also increased due to depression and anxiety and he was given medical foods. He had a urine drug screen on 03/28/14. He had signed an agreement. On 04/25/14, he reported being worse again. The spine consultation was still pending. On 05/19/14, again he wanted to increase the Norco from 4 times a day. The results of the urine drug screen dated 03/28/14 were not submitted and are unknown.

### 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): 110; 94.

**Decision rationale:** The history and documentation do not objectively support the request for the opioid Norco 10/325 mg #120 but a modification to one half the requested quantity or #60 can be recommended for weaning. 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 nonsteroidal 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 he has been involved in an ongoing rehab program to help maintain any benefits he receives 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 he takes it (currently QID). There is no evidence that a pain diary has been recommended and is being kept by the claimant and reviewed by the prescriber at his office visits. The inconsistent urine drug screen was noted in the records but there is no evidence that this was addressed with the claimant. He had another urine drug screen on 03/28/14, but the results were not submitted with this file or described in the office notes as would be expected following an inconsistent drug screen. As such, the medical necessity of the ongoing use of Norco 10/325 mg #120 has not been clearly demonstrated. However, one-half the requested quantity (or #60) may be recommended for weaning purposes.