

<b>Case Number:</b>	CM15-0016354		
<b>Date Assigned:</b>	02/04/2015	<b>Date of Injury:</b>	04/26/2010
<b>Decision Date:</b>	03/23/2015	<b>UR Denial Date:</b>	01/10/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/28/2015

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

### 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, who sustained an industrial injury on 04/26/2010. He has reported subsequent back pain and was diagnosed with lumbosacral neuritis, status post lumbar laminectomy and decompression, status post anterior cervical discectomy and fusion, status post right wrist flexor tenosynovectomy and decompression and left ankle/foot sprain. Treatment to date has included oral pain medication (which effectively reduces the pain from 8/10 to 2-4/10 and allows for activities of daily functioning [ADLs]), home exercise and surgery. In a progress note dated 12/16/2014, the injured worker complained of 3-9 back pain with associated weakness. Objective physical examination findings were notable for post-operative changes of the lumbar spine, tenderness to palpation with spasm over the paravertebral musculature and elicitation of low back pain with straight leg raise. A request for authorization of Norco refill was made. On 01/10/2015, Utilization Review modified a request for Norco from 10/325 mg #120 to 10/325 mg #58 between 12/16/2014 and 3/8/2015, noting that the injured worker had not been improving despite long term use of the medication and that the weaning process should be continued. MTUS guidelines were cited.

### IMR ISSUES, DECISIONS AND RATIONALES

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

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

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for Use.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47-9, Chronic Pain Treatment Guidelines Opioids Page(s): 60, 74-96.

**Decision rationale:** Norco is a mixed medication made up of the opioid, hydrocodone, and acetaminophen, better known as Tylenol. It is recommended for moderate to moderately severe pain with usual dosing of 5-10 mg hydrocodone per 325 mg of acetaminophen taken as 1-2 tablets every 4-6 hours. Maximum dose according to the MTUS is limited to 4 gm of acetaminophen per day which is usually 60-120 mg/day of hydrocodone. According to the MTUS opioid therapy for control of chronic pain, while not considered first line therapy, is considered a viable alternative when other modalities have been tried and failed. Success of this therapy is noted when there is significant improvement in pain or function. The risk with this therapy is the development of addiction, overdose and death. The pain guidelines in the MTUS directly address this issue and have a number of recommendations to ensure safe use of these medications. The present provider is appropriately monitoring this patient and notes the improvement in pain control with the use of opioid preparations. The records also document stability in dosing. Since the patient is not displaying signs of addiction, the medication is effective in lowering the patient's pain and the treating provider is appropriately monitoring the patient, chronic use of opioids in this instance is not contraindicated. Medical necessity has been established.