

<b>Case Number:</b>	CM15-0019294		
<b>Date Assigned:</b>	02/09/2015	<b>Date of Injury:</b>	10/11/1992
<b>Decision Date:</b>	03/31/2015	<b>UR Denial Date:</b>	01/05/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/03/2015

### 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: Physical Medicine & Rehabilitation

### 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 60 year old female who sustained an industrial injury on 10/11/92. The injured worker reported symptoms in the back and right leg. The diagnoses included status post L5-S1 fusion inspection and removal of hardware on 3/5/12 and depression. Treatments to date include status post L5-S1 fusion inspection and removal of hardware on 3/5/12 and oral pain medications. In a progress note dated 12/15/14 the treating provider reports the injured worker was with "persistent low back and right leg pain, not attending any therapy." On 1/5/15 Utilization Review non-certified the request for Norco 10/325 milligrams quantity of 60. The MTUS, ACOEM Guidelines, (or ODG) was cited.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 10/325 MG #60:** 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 Weaning of Medication Page(s): 76-78, 88-89, 80-81, 124.

**Decision rationale:** Based on the 02/03/15 progress report provided by treating physician, the patient presents with low back and right leg pain rated 8/10. The request is for NORCO 10/325 MG #60. Patient's diagnosis per Request for Authorization form dated 12/15/14 included status post L5-S1 fusion inspection and removal of hardware 03/05/14, and depression. Patient's medications include Norco, Tramadol, Omeprazole and Ambien. The patient is permanent and stationary, per treater report dated 12/15/14. The patient is permanent and stationary. MTUS Guidelines pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. MTUS Guidelines, pages 80-81, Opioids for chronic pain states "Tolerance and addiction: Opioid tolerance develops with the repeated use of opioids and brings about the need to increase the dose and may lead to sensitization. It is now clear that analgesia may not occur with open-ended escalation of opioids. It has also become apparent that analgesia is not always sustained over time, and that pain may be improved with weaning of opioids. (Ballantyne, 2006) MTUS page 124 under Weaning of Medication section states "Recommended as indicated below. Opioids: For opioids a slow taper is recommended. The longer the patient has taken opioids, the more difficult they are to taper. The process is more complicated with medical comorbidity, older age, female gender, and the use of multiple agents. Gradual weaning is recommended for long-term opioid users because opioids cannot be abruptly discontinued without probable risk of withdrawal symptoms. (Benzon, 2005) Patients with complex conditions with multiple comorbidities (including psych disorders) should be referred to an addiction medicine/psychiatry specialist. Opioid weaning should include the following: (a) Start with a complete evaluation of treatment, comorbidity, psychological condition; (b) Clear written instructions should be given to the patient and family; (c) If the patient can not tolerate the taper, refer to an expert (pain specialist, substance abuse specialist); (d) Taper by 20 to 50% per week of original dose for patients who are not addicted (the patient needs 20% of the previous days dose to prevent withdrawal); (e) A slower suggested taper is 10% every 2 to 4 weeks, slowing to a reductions of 5% once a dose of 1/3 of the initial dose is reached; (f) Greater success may occur when the patient is switched to longer-acting opioids and then tapered; (g) Office visits should occur on a weekly basis; (h) Assess for withdrawal using a scale such as the Subjective Opioid Withdrawal Scale (SOWS) and Objective Opioid Withdrawal Scale (OOWS); & (i) Recognize that this may take months." Norco has been refilled per treater reports dated 12/15/14 and 02/03/15 to decrease symptoms and for breakthrough pain. Treater states in progress reports reports dated 12/15/14 and 02/03/15 that Norco "has been effective because it reduces the pain to the point where it allows the patient to perform some activities of daily living. The medication is helping provide relief with the patient's moderate to severe pain a review of this chart reveals that the patient has been using Norco for a prolonged period of time. Having the medication discontinued abruptly can cause life-threatening withdrawals. Therefore, if the Norco is no longer authorized, I recommend that we wean the patient from this medication in a safe fashion." MTUS page 80-81 states "pain may be improved with weaning of opioids." MTUS does support slow weaning process and recommends a slow taper. However, treater has not provided discussion on how tapering would be implemented, and provided reports do not show decrease in dosages of Norco. Furthermore, treater has not stated how Norco reduces pain and significantly improves patient's activities of daily living. There are no pain scales or

validated instruments addressing analgesia. There are no specific discussions regarding aberrant behavior, adverse reactions, ADL's, etc. No opioid pain agreement or CURES reports. No return to work, or change in work status, either. MTUS requires appropriate discussion of the 4A's. Given the lack of documentation as required by guidelines, the request IS NOT medically necessary.