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| <b>Case Number:</b>   | CM15-0115069 |                              |            |
| <b>Date Assigned:</b> | 06/23/2015   | <b>Date of Injury:</b>       | 05/22/2001 |
| <b>Decision Date:</b> | 07/28/2015   | <b>UR Denial Date:</b>       | 05/15/2015 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 06/15/2015 |

### 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: Arizona, Michigan

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 47 year old, male who sustained a work related injury on 5/22/01. The diagnoses have included status post micro lumbar discectomy, left lumbar radiculopathy and lumbar spine facet arthropathy. Treatments have included medications, physical therapy with benefit, acupuncture with significant benefit, lumbar spine rhizotomy, ice/heat therapy, home exercises and chiropractic treatments without benefit. In the PR-2 dated 4/20/15, the injured worker complains of aching and stabbing low back pain. He complains of burning pain in his bilateral glutes with radiation to left thigh. He rates his back pain level a 6-7/10 with medications and an 8/10 without medications. He was started on Nucynta at his last visit and he states this is not working for him and is not effectively controlling his pain. He has stopped taking the Nucynta and is back to taking the Norco. He states that activity makes his pain worse. He is taking the Norco twice a day along with his other medications. He states the medications help to decrease his pain about 50% temporarily and allows him to increase his walking distance at least 10 minutes. He is able to perform his activities of daily living on the medications. He has moderate tenderness of the left paraspinals and lumbar midline. He has a positive straight leg raise with left leg to lateral thigh. He has been advised to use the Norco only for severe breakthrough pain and not as a first choice for pain control. The treatment plan includes continuing all medications.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco tab 10-325mg #60: Overturned**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 80-81, 88, 124.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 80-81, 88, 124.

**Decision rationale:** Per MTUS guidelines, long term use of opioids is not recommended. It is noted that the long term users of opioids should be evaluated for how effectively the drug(s) are working, which includes documentation of pain and functional improvements compared to a baseline. There should be documentation of decreased pain levels, increased function or improvement to quality of life. There should also be documentation of the 4 A's of analgesia as described in the guidelines. The documentation shows that the injured worker's pain level is 6-8/10, mostly 8/10, consistently in all notes. There is no documentation to support the effectiveness of how the Norco is working for him independent of other medications. In a progress note dated 2/26/15, he increased his use of Norco from 2 tablets per day to three per day. He is taking between 2 to 3 per day. He has been on Norco for an indeterminate amount of time. Norco should not be abruptly discontinued due to the risk of dependence. It is noted that Norco has been recommended for weaning and requests have been certified for decreasing amounts of the medication to promote the weaning process. However his current medication regimen which include Norco decreases his pain by 50% and improve his ability to function and Norco will only be used on an as needed basis for breakthrough pain, Therefore, this request for Norco tab 10-325mg #60 is medically necessary.