

<b>Case Number:</b>	CM15-0115993		
<b>Date Assigned:</b>	06/24/2015	<b>Date of Injury:</b>	02/10/2009
<b>Decision Date:</b>	08/27/2015	<b>UR Denial Date:</b>	06/03/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/16/2015

### 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: New York

Certification(s)/Specialty: Emergency 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 58 year old female, who sustained an industrial injury on 2/10/2009. She reported back pain after walking on uneven ground. The injured worker was diagnosed as having industrially incurred acute herniated disc L4-L5, right sciatica, status post lumbar fusion, lumbar spine pain. Treatment to date has included medications, magnetic resonance imaging of spine (4/2/2013), lumbar surgery (8/14/2013), and x-ray of the lumbar spine. The request is for Norco. On 11/20/2014, and AME report indicated she complained of low back pain with right leg numbness. She rated her pain 7/10 and indicated it was aggravated by prolonged activity. She reported the pain to be alleviated by heat and medication. She indicated she had difficulty with dressing, standing, sitting, and restful sleep. She is not working. Future medical care plan included evaluation two times yearly by orthopaedic surgeon. On 5/4/2015, she is indicated to be temporarily totally disabled. She complained of low back pain with radiation to the right leg and numbness of the leg. She rated the pain 6-8/10. She also reported left side neck pain. She reports being able to perform personal self-care activities including bathing and dressing, she has difficulty climbing stairs, and can only sit for 15-30 minutes at a time, and stand only 15-30 minutes at a time. She reported a sleep disturbance of 5-7 hours of sleeplessness. The treatment plan included: CT scan of the spine, review of medical records and refill on Norco and discontinue Soma, start Robaxin. She reported only using 90 Norco tablets since December.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 10/325mg #90:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioid Guidelines Page(s): 74.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids; Hydrocodone; MTUS (2009), 9792.20; Functional restoration approach to chronic pain management Page(s): 74-95, 1, 8-9, 51.

**Decision rationale:** Per the CA MTUS, Norco is a combination of Hydrocodone & Acetaminophen. Hydrocodone is considered a semi-synthetic opioid, which is considered the most potent oral opioid that does not require special documentation in some states (not including California). The CA MTUS Chronic Pain Medical Treatment Guidelines state that "Hydrocodone/Acetaminophen (Norco) is indicated for moderate to moderately severe pain. The guidelines note that there are no FDA-approved Hydrocodone products for pain unless formulated as a combination. The guidelines state that the usual dose of 5/500mg is 1 or 2 tablets by mouth every four to six hours as needed for pain (Max 8 tablets/day). For higher doses of Hydrocodone (>5mg/tab) and acetaminophen (>500mg/tab) the recommended dose is usually 1 tablet every four to six hours as needed for pain." The guidelines state that Hydrocodone has a recommended maximum dose of 60mg/24 hours and that the dose is limited by the dosage of acetaminophen, which should not exceed 4g/24 hours. The MTUS Chronic Pain Medical Treatment Guidelines indicates that management of opioid therapy should include ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. 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. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. According to the CA MTUS, all therapies must be focused on the goal of functional restoration rather than just the elimination of pain and assessment of treatment efficacy is accomplished by reporting functional improvement, with functional improvement being documented in reduction of pain, increased pain control, and improved quality of life. Functional improvement means either a clinically significant improvement in activities of daily living or a reduction in work restrictions as measured during the history and physical exam, performed and documented as part of the evaluation and management visit,; and a reduction in the dependency on continued medical treatment. In this case, the records indicate she continues to have pain despite the use of pain medications, and having had surgery. She reported only using 90 Norco tablets from December 2014 to May 2015. Her current pain is reported to be 6-8/10. She is temporarily totally disabled. The records do not indicate her least reported pain over the period since her last assessment; her average pain; the intensity of her pain after taking Norco; how long it takes for pain relief to occur with the use of Norco; and how long pain relief lasts with the use of Norco. There is 6 months between the 2 medical records available for this review. It is unclear if she was evaluated or received therapy or treatment during that time. Her functional status was reported using two different methods, thus making it difficult to determine functional improvement. There are no reductions in work restrictions indicated. There is no indication of a reduction in dependency on continued medical treatment, as evidenced by her continued use of Norco, and continued use of muscle relaxants. In addition, the prescription for Norco does not

indicate a frequency of use. Based on these findings, it is determined that Norco 10/325mg #90 is not medically necessary.