

<b>Case Number:</b>	CM15-0119234		
<b>Date Assigned:</b>	06/29/2015	<b>Date of Injury:</b>	02/25/2012
<b>Decision Date:</b>	08/05/2015	<b>UR Denial Date:</b>	06/13/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/22/2015

### 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 36 year old female, who sustained an industrial injury on 2/25/2012. She reported injury to her upper spine. The injured worker was diagnosed as having cervical radiculopathy due to pseudoarthrosis, cervical spondylosis, neck pain, and upper back/midback pain. Treatment to date has included medications, urine drug screening, x-rays, magnetic resonance imaging of the cervical spine (4/19/2012), cervical spine surgery (6/5/2012, and 11/7/2012), magnetic resonance imaging of thoracic spine (9/17/2012), CT scan, and electrodiagnostic studies (3/12/2015). The request is for Hydrocodone APAP 10/325. On 11/17/2014, a functional capacity evaluation was completed. She complained of cramping, tingling and aching in her neck; tingling in her right forearm; and aching, stabbing pain in her mid-back. She reported that her hands will go numb with repetitive activity. She is noted to have begun working full time. On 1-14-2015, she complained of neck, thoracic and low back pain. She indicated she had increased her Norco from 2 per day to 6 per day, and is having a lot of pain at work. On 3/27/2015, she complained of back pain. She reported her low back pain to be a 5/10 with radiation down her legs; and suboccipital headaches and neck pain with radiation to her left shoulder. It is noted that no new medications were ordered. On 4/13/2015, her neck pain intensity is rated 8/10 to 4/10 with the use of Norco. Her activities of daily living are noted that she tried working but that it caused too much pain. She is indicated to be able to do housework, clean windows, dishes and cook with medications. She reported better sleep from 4-8 hours with medications, and that her quality of life is improved by 70% with medications. There are no noted side effects, and no aberrant drug seeking behaviors noted. Her current pain level is 4/10,

average pain over the last 30 days 3-7/10, least amount of pain 3/10. She stated Norco can last up to 6 hours or more. Her neck was not examined on this date. The treatment plan included: Norco. On 4/15/2015, her neck pain intensity is noted to be 4/10. Minimal to no improvement was noted. On 5/20/2015, she complained of severe neck pain. Objective findings noted her to be wearing a cervical collar. The treatment plan included a prescription for Norco. A pain assessment and her functional status are not noted on this date. The records indicated she had been utilizing Norco since at least October 2014.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Norco 10/325mg three times daily, #90 no refills: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines  
Hydrocodone; Opioids Page(s): 51, 74-95.

**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. In this case, the injured worker had a noted aberrant drug seeking behavior in January 2015. The records do not continuously document her current pain; her least reported pain over the period since her last assessment; her average pain; the intensity of pain after taking Norco; how long it takes for pain relief with the use of Norco; and how long her pain relief lasts with the use of Norco. In addition, the records do not consistently document her level of function, or any improvement to her quality of life with the use of Norco. Therefore, the request for Norco 10/325mg three times daily, #90 and no refills is not medically necessary.