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| <b>Case Number:</b>   | CM15-0174886 |                              |            |
| <b>Date Assigned:</b> | 09/09/2015   | <b>Date of Injury:</b>       | 02/23/1994 |
| <b>Decision Date:</b> | 10/13/2015   | <b>UR Denial Date:</b>       | 07/06/2015 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 08/06/2015 |

### 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 Jersey, Alabama, California  
 Certification(s)/Specialty: Neurology, Neuromuscular 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:

This is a 68 year old female with a date of injury of February 23, 1994. A review of the medical records indicates that the injured worker is undergoing treatment for lumbar spondylosis, unspecified osteoporosis, thoracic or lumbosacral neuritis or radiculitis, enthesopathy of the hip region, and lumbar radiculopathy. Medical records indicate that the injured worker complains of lower back pain radiating down to the calf and feet on the left side that is rated at a level of 9 out of 10 without pain medications and 3 out of 10 with pain medications (February 4, 2015), and lower back pain radiating down to the calf and feet on the left side that is rated at a level of 9 out of 10 without pain medications and 3 out of 10 with pain medications (June 24, 2015). Records also indicate activity ability has remained the same. Per the treating physician (June 24, 2015), the employee is unable to return to work. The physical exam (February 4, 2015 to June 24, 2015) reveals decreased range of motion of the lumbar spine that is essentially unchanged, normal sensation in the lower extremities that is unchanged, full motor strength of the lower extremities that is unchanged, and tenderness to palpation over the lumbar facet joints that is unchanged. Treatment has included unspecified surgery, an unspecified number of physical therapy sessions that were not successful, an unspecified number of chiropractic sessions, and medications (Norco since at least November of 2014). Urine drug testing results were not included for review. The medical record indicates that the injured worker was scheduled for an injection, but was unable to undergo the procedure due to not being able to discontinue Plavix. The original utilization review (July 6, 2015) non-certified a request for Norco 5-325mg #90 with no refills.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 5-325mg #90 with no refills:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, On-Going Management.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of opioids Page(s): 76-79.

**Decision rationale:** According to MTUS guidelines, Norco (Hydrocodone/Acetaminophen) is a synthetic opioid indicated for the pain management but not recommended as a first line oral analgesic. In addition and according to MTUS guidelines, ongoing use of opioids should follow specific rules: "(a) Prescriptions from a single practitioner taken as directed, and all prescriptions from a single pharmacy. (b) The lowest possible dose should be prescribed to improve pain and function. (c) Office: Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non-adherent) drug-related behaviors. These domains have been summarized as the "4 A's" (analgesia, activities of daily living, adverse side effects, and aberrant drug taking behaviors). The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework." According to the patient's file, there is no objective documentation of pain and functional improvement to justify continuous use of Norco. Norco was used for a longtime without documentation of functional improvement or improvement of activity of daily living. In addition, the request for Norco was previously denied. Therefore, the prescription of Norco 5/325mg #90 is not medically necessary.