

<b>Case Number:</b>	CM15-0024510		
<b>Date Assigned:</b>	02/17/2015	<b>Date of Injury:</b>	09/04/2012
<b>Decision Date:</b>	07/09/2015	<b>UR Denial Date:</b>	01/14/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/09/2015

### 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: Pennsylvania

Certification(s)/Specialty: Internal Medicine, Hospice & Palliative 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 45 year old male, who sustained an industrial injury on 9/4/12. He has reported initial complaints of back, neck pain with nausea and emotional stress. The diagnoses have included cervical strain/sprain, cervical spondylosis, status post bilateral shoulder surgery, status post spinal fusion, bilateral ankle strain/sprain, anxiety, depression, gastrointestinal complaints and grinding of teeth with dental complaints. There is a previous history of lumbar fusion and left knee surgery. Treatment to date has included medications, activity modifications, psychiatric, physical therapy, epidural steroid injection (ESI), home exercise program (HEP) and other modalities. Currently, as per the physician progress note dated 12/17/14, the injured worker complains of ongoing back pain and awaiting authorization for spinal fusion. In the meantime the injured worker continues to have back pain. The objective findings reveal severe muscle spasm and tenderness along the lower back as well as superior iliac crest. The motor strength is difficult to assess due to severe pain crisis. There is more pain with flexion than extension with lumbar range of motion. The current medications included Norco and Ambien. The urine drug screen dated 8/26/14 was inconsistent with the medications prescribed. The physician requested treatment included Norco 10/325mg for pain.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 10/325mg: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids page(s): 76.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Weaning of Medications page(s): 74-95, page 124.

**Decision rationale:** Norco (hydrocodone with acetaminophen) is a combination medication in the opioid and pain reliever classes. The MTUS Guidelines stress the lowest possible dose of opioid medications should be prescribed to improve pain and function, and monitoring of outcomes over time should affect treatment decisions. The Guidelines recommend that the total opioid daily dose should be lower than 120mg oral morphine equivalents. Documentation of pain assessments should include the current pain intensity, the lowest intensity of pain since the last assessment, the average pain intensity, pain intensity after taking the opioid medication, the amount of time it takes to achieve pain relief after taking the opioid medication, and the length of time the pain relief lasts. Acceptable results include improved function, decreased pain, and/or improved quality of life. The MTUS Guidelines recommend opioids be continued when the worker has returned to work and if the worker has improved function and pain control. When these criteria are not met, a slow individualized taper of medication is recommended to avoid withdrawal symptoms. The submitted documentation indicated the worker was experiencing pain in the lower back that went into the legs, pain in both knees and shoulders, depressed mood, problems swallowing, abdominal pain, and blood in the stool. The recorded pain assessments were minimal and contained few of the elements suggested by the Guidelines. There was no discussion detailing how this medication improved the worker's function, describing how often the medication was needed and used by the worker, exploring the potential negative side effects, or providing an individualized risk assessment. Further, the request is for an indefinite supply of medication, which would not account for changes in the worker's care needs. For these reasons, the current request for an indefinite supply of Norco (hydrocodone with acetaminophen) 10/325mg is not medically necessary. Because the potentially serious risks outweigh the benefits in this situation based on the submitted documentation, an individualized taper should be able to be completed with the medication the worker has available. Therefore, the requested treatment is not medically necessary.