

<b>Case Number:</b>	CM15-0061998		
<b>Date Assigned:</b>	04/07/2015	<b>Date of Injury:</b>	12/10/2008
<b>Decision Date:</b>	05/14/2015	<b>UR Denial Date:</b>	03/02/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/01/2015

### 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: California, Texas, Florida

Certification(s)/Specialty: Anesthesiology, Pain Management, 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 36 year old female who sustained an industrial injury to her lower back on December 10, 2008. The injured worker was diagnosed with lower back pain and lumbar radiculopathy. There was no documentation of past treatment. According to the primary treating physician's progress report on February 12, 2015, the injured worker continues to experience increasing discomfort of the lumbar spine and hips. Examination of the lumbar spine demonstrated decreased range of motion with tenderness to palpation over the right greater trochanter and right proximal tensor fascia lata (TFL). Current medications are listed as Norco 10/325mg. The injured worker is currently working full time without restrictions. Treatment plan includes further weaning of Norco and aquatic therapy for non-weight bearing exercises along with the request for Norco renewal. The requesting physician plan on march 17, 2015 is to continue to taper the injured worker off the Norco in 4 to 5 weeks. There are multiple prior requesting utilization reviews where the requesting physician has wanted to increase the Norco and these were denied. The reason for the prior denials was due to failure to document objective benefit. The requesting physician had a plan on October 14, 2014 to wean the injured worker off the Norco in 2 to 3 months.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 7.5/325mg Qty 120 with 4 refills: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Therapeutic trial of Opioids.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20 - 9792.26 Page(s): 44, 47, 75-79, 120 of 127.

**Decision rationale:** Regarding the request for Norco (hydrocodone/acetaminophen), California Pain Medical Treatment Guidelines state that Norco is an opiate pain medication. Due to high abuse potential, close follow-up is recommended with documentation of analgesic effect, objective functional improvement, side effects, and discussion regarding any aberrant use. Guidelines go on to recommend discontinuing opioids if there is no documentation of improved function and pain. Within the documentation available for review, there is no indication that the medication is improving the patient's function or pain (in terms of specific examples of functional improvement and percent reduction in pain or reduced NRS), no documentation regarding side effects, and no discussion regarding aberrant use. As such, there is no clear indication for ongoing use of the medication. Opioids should not be abruptly discontinued, but unfortunately, there is no provision to modify the current request to allow tapering. In light of the above issues, the currently requested Norco (hydrocodone/acetaminophen) is not medically necessary.