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| <b>Case Number:</b>   | CM15-0077115 |                              |            |
| <b>Date Assigned:</b> | 04/28/2015   | <b>Date of Injury:</b>       | 01/15/2007 |
| <b>Decision Date:</b> | 05/29/2015   | <b>UR Denial Date:</b>       | 04/03/2015 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 04/22/2015 |

### 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: California

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:

This 68-year-old female sustained an industrial injury to the low back and neck on 1/15/07. In a progress note dated 3/26/15, the injured worker continued to note significant flares of pain in the cervical spine and lumbar spine that impaired her activities of daily living. The injured worker reported having undergone a functional capacity evaluation. No physical exam was documented. The physician noted that the injured worker remained with a serious complex chronic pain condition that had not resolved. Documentation did not disclose previous treatment other than medication. Current diagnoses included degeneration of intervertebral disc, displacement of lumbar intervertebral disc without myelopathy, diffuse regional myofascial pain and neck pain. The treatment plan included medication refills (Cyclobenzaprine, Fenofibrate, Flector patch, Norco, Lidoderm patch, Omeprazole and Trazadone).

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 10/325mg #60:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of Opioids.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47-9, Chronic Pain Treatment Guidelines Medications for chronic pain; Opioids Page(s): 60-1, 74-96.

**Decision rationale:** Hydrocodone-Acetaminophen (Norco) is a mixed medication made up of the short acting, opioid, hydrocodone, and acetaminophen, better known as Tylenol. It is recommended for moderate to moderately severe pain with usual dosing of 5-10 mg hydrocodone per 325 mg of acetaminophen taken as 1-2 tablets every 4-6 hours. Maximum dose according to the MTUS is limited to 4 gm of acetaminophen per day, which is usually 120 mg/day of hydrocodone. According to the MTUS, opioid therapy for control of chronic pain, while not considered first line therapy, is considered a viable alternative when other modalities have been tried and failed. First-line medications for chronic pain, such as anti-depressants or anti-epileptic drugs, have been tried and were not completely helpful in controlling pain. Additionally, the provider has documented beneficial effects of decreased pain and increased function from use of this medication. Finally, the risk with chronic opioid therapy is the development of addiction, overdose and death. The pain guidelines in the MTUS directly address this issue and have outlined criteria for monitoring patients to ensure safe use of chronic opioid therapy. The provider has been following this criteria. Finally, the patient is on a stable dose of her opioid medication. Considering all the above, medical necessity for continued use of Norco has been established.