

<b>Case Number:</b>	CM15-0090516		
<b>Date Assigned:</b>	05/14/2015	<b>Date of Injury:</b>	05/15/1999
<b>Decision Date:</b>	06/18/2015	<b>UR Denial Date:</b>	04/14/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/11/2015

### 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: Texas, California

Certification(s)/Specialty: Family Practice

### 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 73-year-old male patient, who sustained an industrial injury on 5/15/99. The diagnoses include chronic lumbar spine pain with adjacent level pathology and L4-5, L5-S1 laminectomy/discectomy. Per the doctor's note dated 3/31/2015, he had complains of ongoing low back pain rated 8/10 with medications and 10/10 without medications with tingling and numbness in the right leg and unchanged from previous visit. He also had complains of trouble sleeping, leg cramping, swelling of joints, nervousness and slight depression. Physical exam revealed tenderness to palpation of lumbar spine with equal strength and normal sensation. He finds Norco to be effective in pain relief and improves his ability to perform daily activity. The treatment plan included a prescription and request for authorization for Norco 7.5/325mg. Patient previously tried gabapentin and tizanidine. Treatment to date has included lumbar laminectomy/discectomy, oral medications including Norco, physical therapy and home exercise program. He has had urine drug screen on 7/15/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 7.5/325mg #90:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines  
CRITERIA FOR USE OF OPIOIDS Page(s): 76-80.

**Decision rationale:** Request: Norco 7.5/325mg #90 Norco contains hydrocodone and acetaminophen. Hydrocodone is an opioid analgesic. According to the cited guidelines, "A therapeutic trial of opioids should not be employed until the patient has failed a trial of non-opioid analgesics. Before initiating therapy, the patient should set goals, and the continued use of opioids should be contingent on meeting these goals." The records provided do not specify that that patient has set goals regarding the use of opioid analgesic. The treatment failure with non-opioid analgesics is not specified in the records provided. Other criteria for ongoing management of opioids are: "The lowest possible dose should be prescribed to improve pain and function. Continuing review of overall situation with regard to non-opioid means of pain control. Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects...Consider the use of a urine drug screen to assess for the use or the presence of illegal drugs." The records provided do not provide a documentation of response about pain control and objective functional improvement to opioid analgesic for this patient. The continued review of the overall situation with regard to non-opioid means of pain control is not documented in the records provided. Response to lower potency opioids for chronic pain is not specified in the records provided. Last urine drug screen on 7/15/14. A recent urine drug screen report is not specified in the records provided. This patient does not meet criteria for ongoing continued use of opioids analgesic. The medical necessity of Norco 7.5/325mg #90 is not established for this patient. This request is not medically necessary.