Notice of Independent Review Decision - WC

DATE OF REVIEW: 05/16/14

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

Norco 10-325 mg #180

A DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION

Board Certified in Orthopedic Surgery

REVIEW OUTCOME

Upon independent review the reviewer finds that the previous adverse determination/adverse determinations should be:

☒Upheld (Agree)

☐Overturned (Disagree)

☐Partially Overturned (Agree in part/Disagree in part)

Provide a description of the review outcome that clearly states whether or not medical necessity exists for each of the health care services in dispute.

Norco 10-325 mg #180

INFORMATION PROVIDED TO THE IRO FOR REVIEW

PATIENT CLINICAL HISTORY [SUMMARY]:

The patient is a male with a date of work injury of xx/xx/xx. Records indicate the patient underwent an L5-S1 fusion and is suffering from chronic back pain, most likely from postlaminectomy syndrome. He has been through a pain management program. He has been on his current medication regime for years. The dosage has not changed in a very long time. Urine drug screens are performed at least 3 to 4 times per year which have shown compliance. The current medication regimen allows the patient to work, seemingly at his usual. Records also indicate the patient has high blood pressure, for which he takes multiple medications. A recent

request from the long term treating physician was for an increase in Norco, from 7.5-325 mg #180 to 10-325 mg #180.

ANALYSIS AND EXPLANATION OF THE DECISION INCLUDE CLINICAL BASIS, FINDINGS AND CONCLUSIONS USED TO SUPPORT THE DECISION.

There is no evidence that opioids show long-term benefit or improvement in function when used as treatment for chronic back pain. According to the Official Disability Guidelines regarding opioids for chronic pain, a major concern about the use of opioids for chronic pain is that most randomized controlled trails have been limited to a short-term period. (Less than or equal to 70 days.) This leads to a concern about confounding issues such as tolerance. It is possible that this individual could be suffering from opioid induced hyperalgesia and may be suffering from long-range adverse effects. The medical records failed to indicate why opioid weaning has not been attempted in the treatment plan at any point over the years. The most recent URA has recommended certified modification from Norco 10-325 mg #180 to hydrocodone/APAP 7.5-325 mg #180. In the drug formulary section of the ODG, generic substitutions are provided, and this medication has a generic. The rationale for recommendation of modification from Norco 10-325 mg #180 to hydrocodone/APAP 7.5 - 325mg #180 is supported by the ODG. Norco 10-325 #180 is not medically reasonable or necessary, nor supported by the ODG at this time.

A DESCRIPTION AND THE SOURCE OF THE SCREENING CRITERIA OR OTHER CLINICAL BASIS USED TO MAKE THE DECISION:

☒ **MEDICAL JUDGMENT, CLINICAL EXPERIENCE AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS**

☒ **ODG - OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES**