

<b>Case Number:</b>	CM14-0110709		
<b>Date Assigned:</b>	08/04/2014	<b>Date of Injury:</b>	10/29/2013
<b>Decision Date:</b>	12/16/2014	<b>UR Denial Date:</b>	07/10/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/16/2014

### 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. The expert reviewer is Board Certified in General Surgery, has a subspecialty in Urology and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 patient is a 32-year-old male with a 10/29/13 date of injury. The mechanism of injury was not documented. Diagnoses were abdominal pain and history of umbilical hernia repair. A 06/18/14 progress report documented that the patient stated that without the medication, his pain was moderate to severe. With his pain medication, it was decreased to 1/10. He had no side effects. He felt the pain around the umbilicus which radiated down to his genital region. Medications were Norco 5/325 mg BID prn and Colace. Clinically, there was a well-healed scar inferior to the umbilicus. There was no guarding or rigidity. The patient was provided with 30 tablets of Norco. Work status was no lifting more than 20 pounds. A 05/13/14 progress report documented that the patient was able to tolerate 2 to 3 hours of activity with his medication but he could barely tolerate 1 hour without medication. There were no aberrant behaviors and no side effects. The medication took effect within 15 minutes and lasted 3 to 4 hours. A 03/17/14 progress report documented that he was taking his pain medication very sparingly. He was returned to full duty by his surgeon but he still had difficulty with pain. A 02/04/14 progress report documented that the patient still felt occasional discomfort with certain movements. The operative site appeared to be healing nicely without signs of infections. His disability was extended for 3 weeks. Treatment to date has included medications, umbilical hernia repair on 12/30/13, and activity modification.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 5/325 mg:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use Page(s): 78-81.

**Decision rationale:** The patient has been taking Norco for at least 3 months for abdominal pain, status post umbilical hernia repair. Without Norco, his pain is moderate to severe but with Norco, it is 1/10. He has been taking his medication sparingly. His activity is increased to 2 to 3 hours with the medication from only about 1 hour without Norco. He has had no significant side effects and there is no aberrant behavior noted. Norco takes effect within 15 minutes and lasts for 3 to 4 hours. He is taking Norco 5/325 mg BID prn. He was provided 30 tablets of Norco on 06/18/14. Although there is documentation of the 4 A's, there is no documentation of any monitoring of medication compliance including UDS, CURES report and/or a signed opioid contract. There is also no documentation of other nonopioid means of pain control. CA MTUS does not support ongoing opioid treatment unless prescriptions are from a single practitioner and are taken as directed; are prescribed at the lowest possible dose; and unless there is ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. The use of pain diary, drug screening, review of nonopioid means of pain control, and documentation of misuse of medications are also recommended for ongoing opioid therapy. The request is not supported by the guidelines and the lack of documentation. Therefore, the request is not medically necessary.