

<b>Case Number:</b>	CM14-0126171		
<b>Date Assigned:</b>	08/13/2014	<b>Date of Injury:</b>	10/20/2004
<b>Decision Date:</b>	09/11/2014	<b>UR Denial Date:</b>	07/29/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/08/2014

### 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 Physical Medicine and Rehabilitation has a subspecialty in Pain management 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:

This is a male patient with the date of injury of October 20, 2004. A Utilization Review was performed on July 29, 2014 and recommended modification of 1 prescription of Norco 10/325mg #150 with 1 refill to 1 prescription of Norco 10/325mg #75 with 0 refills between 7/8/2014 and 9/23/2014. An Evaluation dated July 8, 2014 identifies Subjective findings of chronic ongoing pain. Objective findings identify old surgical scar on mid dorsal surface of foot and ankle. Reduced ROM inversion, eversion, and flexion/extension. Right fibula changes consistent with fracture and ORIF changes. Assessment identifies other chronic pain, degenerative joint ankle foot, and trauma arthropathy leg. Treatment Plan identifies prescription for Norco 10/325 number 150 (weaning) refill x1.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 10/325mg #120 with 1 refill:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, specific drug list: Regarding criteria for use of opioids: when to discontinue opioids: when to continue opioids: weaning of opioids.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 76-79, 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 Norco is improving the patient's function or pain (in terms of percent reduction in pain or reduced NRS), no documentation regarding side effects, and no discussion regarding aberrant use. Unfortunately, there is no provision to modify the current request to allow tapering. In the absence of such documentation, the currently requested Norco is not medically necessary.