

<b>Case Number:</b>	CM14-0021600		
<b>Date Assigned:</b>	05/05/2014	<b>Date of Injury:</b>	12/12/2009
<b>Decision Date:</b>	07/09/2014	<b>UR Denial Date:</b>	01/30/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/20/2014

### 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 Family Medicine and is licensed to practice in New Jersey. 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 worker is a 37 year old male who was injured on 12/12/09. He was diagnosed with headache, rotator cuff sprain, synovitis and tenosynovitis, fracture of medial malleolus, rib fracture, myalgia and myositis, injury to peroneal nerve, disorder of bursaw and tendons in shoulder, pain in joint involving pelvic region and thigh, sleep disturbances, depression, coccyx sprain, anxiety, sprain of shoulder, abnormal gait, and chronic pain syndrome. He was treated with oral medications including NSAIDs and opioids, exercises, and steroid injections, according to the records provided. The worker was seen by his pain management physician on 12/10/13 for his scheduled right shoulder injection, which he received. He then expressed interest in weaning down on his Norco use, which was agreed upon by his treating physician who suggested he begin by reducing his Norco by using one less pill per week over the next several months. He was again seen by his pain specialist on 1/21/14 complaining of mild to moderate head and right leg pain that radiates to the right ankle and foot. An assessment of pain revealed that he had a pain level rated at a 6/10 without medications and 3/10 with medications. With medications, the worker reported that he struggled but fulfills daily home responsibilities, but is not able to work, and without medications, he is able to get out of be, but not get dressed and does not leave the house. He reported no changes with his pain and overall health since the last visit. He was given a refill on his medications including the ibuprofen and Norco 10 mg/325 mg 1 every 4-6 hours as needed for pain, #180 with 1 refill.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**NORCO 10/325MG, #180 WITH 1 REFILL:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines HYDROCODONE/APAP.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Weaning of Medications Page(s): 78-80, 124.

**Decision rationale:** MTUS Chronic Pain Medical Treatment Guidelines require that for opioid use, there to be ongoing review and documentation of pain relief, functional status, appropriate medication use with implementation of a signed opioid contract, drug screening (when appropriate), review of non-opioid means of pain control, using the lowest possible dose, making sure prescriptions are from a single practitioner and pharmacy, and side effects, as well as consultation with pain specialist if after 3 months unsuccessful with opioid use, all in order to improve function as criteria necessary to support the medical necessity of opioids. Long-term use and continuation of opioids requires this comprehensive review with documentation to justify continuation. Also, the MTUS Chronic Pain Guidelines recommend that dosing of opioids not exceed 120 mg or oral morphine equivalents per day, and only with a pain specialist would exceeding this amount be considered. Continuation of opioids may be recommended when the patient has returned to work and/or if the patient has improved function and pain. It is also recommended that if the patient requests stopping or weaning down on the dose, then a slow taper is recommended as an abrupt removal may produce significant withdrawal symptoms. Weaning opioids should include the following: complete evaluation of treatment, comorbidity, and psychological condition, clear written instructions should be given to the patient and family, refer to pain specialist if tapering is difficult, taper by 20-50% per week of the original dose for patients who are not addicted or 10% every 2-4 weeks with slowing reductions once 1/3 of the initial dose is reached, switching to longer-acting opioids may be more successful, and office visits should occur on a weekly basis with assessments for withdrawal. Although the requirements for continuation seem to be met as there is documentation of functional improvement and pain relief like the use of Norco, now that the patient has requested a wean, the recommendations for weaning become applicable here. In the case of this worker, he was recommended to decrease his dosing by approximately 5% per month, which is slower than required in this case. At the slowest, a reduction of 18 or as much as 60 pills per month is recommended by the MTUS. Refilling Norco with a lower number such as 60 or as much as 162 for the worker's month supply seems more appropriate. Also, his follow-up visits were monthly following the decision to wean, where weekly visits would be more appropriate during weaning. Therefore, the Norco 10/325 mg #120 with 1 refill is not medically necessary.