

<b>Case Number:</b>	CM14-0203663		
<b>Date Assigned:</b>	12/16/2014	<b>Date of Injury:</b>	10/16/2012
<b>Decision Date:</b>	02/06/2015	<b>UR Denial Date:</b>	11/14/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/05/2014

### 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 Rehab, has a subspecialty in Pain Medicine 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 54 year old female who sustained multiple work related injuries on October 16, 2012. There is no documentation of mechanism of injury. The injured worker is diagnosed with shoulder impingement, carpal tunnel syndrome, cervical sprain, lumbar radiculopathy, internal derangement of the knee and sprain/strain of the ankle. There are no surgical interventions documented. There are no radiological reports in this review. The treatment plan to date consists of physical therapy to the knee without improvement. According to the treating physician's progress reports from September 18, 2014 there has been no significant improvement. The injured worker has worsening pain in the neck and left shoulder with spasms and restricted range of motion. Impingement test is positive bilaterally. She experiences bilateral hand pain and positive Tinel's and Phalen's signs bilaterally. Grip is reduced with decreased sensation in the median nerve distribution bilaterally. Lumbar spine notes spasm present, restricted range of motion and motor and sensation intact. Bilateral knees tested positive for McMurray's and joint effusion was present bilaterally. Bilateral knee range of motion was within normal limits. Ankle effusion was noted bilaterally with sensation reduced in both feet. The injured worker remains on temporary total disability (TTD) since the injury. The treating physician has requested authorization for Hydrocodone (Norco 5/325 mg), sixty count (60) with two refills. On the November 14, 2014 the Utilization Review denied certification for Hydrocodone (Norco 5/325 mg), sixty count (60) with two refills however a one month supply for weaning purposes is allowed. Citations used in the decision process were the Medical Treatment Utilization Schedule (MTUS) Chronic Pain Guidelines.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Hydrocodone (Norco 5/325 mg), #60 with two refills:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 44, 47, 75-79, 120.

**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 medication is improving the patient's function or pain (in terms of specific examples of functional improvement and percent reduction in pain or reduced NRS), no documentation regarding side effects, and no discussion regarding aberrant use. As such, there is no clear indication for ongoing use of the medication. Opioids should not be abruptly discontinued, but unfortunately, there is no provision to modify the current request to allow tapering. In light of the above issues, the currently requested Norco (hydrocodone/acetaminophen) is not medically necessary.