

<b>Case Number:</b>	CM14-0211998		
<b>Date Assigned:</b>	01/02/2015	<b>Date of Injury:</b>	12/04/2012
<b>Decision Date:</b>	02/27/2015	<b>UR Denial Date:</b>	11/17/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/18/2014

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: Pennsylvania

Certification(s)/Specialty: Internal Medicine, Hospice & Palliative Medicine

### 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 injured worker is a 40-year-old woman with a date of injury of 12/04/2012. The submitted and reviewed documentation did not identify the mechanism of injury. A treating physician note dated 11/03/2014 indicated the worker was experiencing headaches and pain in the lower and upper back, shoulder, knees, and hips. A documented examination described tenderness and swelling of the knees, decreased upper and lower back joint motion with tenderness, spasm throughout the back muscles, right shoulder tenderness, and decreased motion in both shoulder joints. The submitted and reviewed documentation concluded the worker was suffering from pain in both knees, cervical and lumbosacral sprain, right shoulder sprain, left hip sprain with secondary supportive right hip sprain, decreased sensation in the left leg, and pain in both ankles/feet. Treatment recommendations included medications and follow up care. A Utilization Review decision was rendered on 11/17/2014 recommending non-certification for an indefinite supply of Norco (hydrocodone with acetaminophen) 5/325mg.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 5/325mg:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids; Weaning of Medications Page(s): 74-95; 124.

**Decision rationale:** Norco (hydrocodone with acetaminophen) is a combination medication in the opioid and pain reliever classes. The MTUS Guidelines stress the lowest possible dose of opioid medications should be prescribed to improve pain and function, and monitoring of outcomes over time should affect treatment decisions. The Guidelines recommend that the total opioid daily dose should be lower than 120mg oral morphine equivalents. Documentation of pain assessments should include the current pain intensity, the lowest intensity of pain since the last assessment, the average pain intensity, pain intensity after taking the opioid medication, the amount of time it takes to achieve pain relief after taking the opioid medication, and the length of time the pain relief lasts. Acceptable results include improved function, decreased pain, and/or improved quality of life. The MTUS Guidelines recommend opioids be continued when the worker has returned to work and if the worker has improved function and pain control. When these criteria are not met, a slow individualized taper of medication is recommended to avoid withdrawal symptoms. The submitted documentation indicated the worker was experiencing headaches and pain in the lower and upper back, shoulder, knees, and hips. The documented pain assessments did not include many of the elements recommended by the Guidelines. There was no discussion reporting the specific benefit from this medication, how long the benefit lasted, an exploration of possible negative effects, or an individualized risk assessment. Further, the request was made for an indefinite supply of medication, which does not account for potential changes in the worker's overall health or treatment needs. In the absence of such evidence, the current request for an indefinite supply of Norco (hydrocodone with acetaminophen) 5/325mg is not medically necessary.