

<b>Case Number:</b>	CM14-0214178		
<b>Date Assigned:</b>	01/07/2015	<b>Date of Injury:</b>	11/23/2010
<b>Decision Date:</b>	03/03/2015	<b>UR Denial Date:</b>	12/15/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/22/2014

### 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: Texas, Florida

Certification(s)/Specialty: Anesthesiology, Pain Management

### 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 65 year old female who was injured on 11/23/2010. The diagnoses are degenerative joints disease, subtalar arthritis, left ankle, left shoulder, left knee and low back pain. On 11/24/2014, [REDACTED] / [REDACTED] noted subjective complaint of right ankle pain. The pain score was rated at 8/10 with medications and 10/10 without medications on a 0 to 10 scale. The objective finding was slightly decreased range of motion at the ankle but no tenderness to palpation. The 10/20/2014 UDS report was consistent with prescribed hydrocodone. The medications listed are Norco and Sonata. The patient was also utilizing an AFO brace. A Utilization Review determination was rendered on 12/15/2014 recommending a modified certification for Norco 10/325mg # 120 to #60 for weaning.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 10-325mg #120:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 76-78, 124.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 42-43, 74-96, 124. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter Opioids.

**Decision rationale:** The CA MTUS and the ODG guidelines recommend that opioids can be utilized for the short term treatment of exacerbation of severe musculoskeletal pain that did not respond to standard treatment with NSAIDs and PT. The chronic use of opioids can be associated with the development of tolerance, dependency, opioid induced hyperalgesia, sedation, addiction and adverse interaction with other sedatives. The records did not show subjective or objective findings consistent with exacerbation of musculoskeletal pain. There is no documentation of failure of non opioid medications and PT. There is concurrent utilization of sedative medications. The documentation of minimal physical findings did not meet the guidelines classification for severe pain when an opioid medication may be indicated. The criteria for the use of Norco 10/325mg #120 was not met.