

<b>Case Number:</b>	CM15-0133212		
<b>Date Assigned:</b>	07/21/2015	<b>Date of Injury:</b>	04/24/2015
<b>Decision Date:</b>	09/23/2015	<b>UR Denial Date:</b>	06/05/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/09/2015

### 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, California

Certification(s)/Specialty: Family Practice

### 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 67 year old male, who sustained an industrial injury on 04/24/2015. According to a progress report dated 06/02/2015, the injury occurred when the claimant lost his balance/grip while on a ladder and fell two floors to the ground. X-rays showed a mandible fracture of the right anterior body and left angle with minimal displacement. Computed tomography imaging also showed a fracture of the L2 transverse process and a minimally displaced left ilium fracture at the left sacroiliac joint. On 04/28/2015, he underwent an open reduction and internal fixation of the mandible. Current complaints included left groin pain that was worse with walking. Pain was rated 8 on a scale of 1-10 with medications and 10 without medication. Jaw pain was rated 9 with medication and increased to 10 without medication. Current medications included Velcade, Prednisone, Losartan, Lyrica, Augmentin and Norco. Assessment included status post mechanical fall of 35-50 feet, mandibular fracture status post open reduction internal fixation, chin laceration of 5 centimeters, status post incision and drainage and closure, left hip degenerative joint disease rule out occult fracture, L2 transverse process fracture, left ilium fracture nondisplaced and bilateral lower extremity swelling with calf tenderness rule out deep vein thrombosis. He was to remain on touch weight bearing with a single crutch until the MRI scan of the left hip and pelvis. He was temporarily totally disabled until 07/14/2015. Currently under review is the request for Norco 10/325 mg 1 tablet by mouth every four hours as needed. The patient has had history of open biopsy of pelvic tumor in 9/1985. The patient's surgical history includes cervical spine fusion in 1999 and ORIF of mandible on 4/28/15. A recent urine drug screen report was not specified in the records provided.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 10/325mg 1 tablet PO Q 4 hours PRN:** Overturned

**Claims Administrator guideline:** Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines -Opioids, criteria for use: page 76-80 CRITERIA FOR USE OF OPIOIDS Therapeutic Trial of Opioids Page(s): 9, 78.

**Decision rationale:** Norco contains Hydrocodone with APAP, which is an opioid analgesic in combination with acetaminophen. According to CA MTUS guidelines cited below, "A therapeutic trial of opioids should not be employed until the patient has failed a trial of non-opioid analgesics. Before initiating therapy, the patient should set goals, and the continued use of opioids should be contingent on meeting these goals." Other criteria for ongoing management of opioids are: "The lowest possible dose should be prescribed to improve pain and function. Continuing review of the overall situation with regard to non-opioid means of pain control. Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects." In addition according to the cited guidelines "Short-acting opioids: also known as 'normal-release' or 'immediate-release' opioids are seen as an effective method in controlling chronic pain. They are often used for intermittent or breakthrough pain." X-rays showed a mandible fracture of the right anterior body and left angle with minimal displacement. Computed tomography imaging also showed a fracture of the L2 transverse process and a minimally displaced left ilium fracture at the left sacroiliac joint. On 04/28/2015, he underwent an open reduction and internal fixation of the mandible. Current complaints included left groin pain that was worse with walking. Pain was rated 8 on a scale of 1-10 with medications and 10 without medication. Jaw pain was rated 9 with medication and increased to 10 without medication. The patient has had history of open biopsy of pelvic tumor in 9/1985. The patient's surgical history include cervical spine fusion in 1999 and ORIF of mandible on 4/28/15. There is no evidence of aberrant behavior. This medication is deemed medically necessary to treat any exacerbations of the pain on an as needed/prn basis. The medication Norco 10/325mg 1 tablet PO Q 4 hours PRN is medically necessary and appropriate in this patient.