

<b>Case Number:</b>	CM15-0140205		
<b>Date Assigned:</b>	07/30/2015	<b>Date of Injury:</b>	07/26/2008
<b>Decision Date:</b>	08/26/2015	<b>UR Denial Date:</b>	06/29/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/20/2015

### 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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, 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 injured worker is a 53-year-old female who sustained an industrial injury on 07-26-08. Initial complaints and diagnoses are not available. Treatments to date include medications, occupational therapy, chiropractic care, acupuncture, a soft collar, epidural steroid injections, psychological treatment, home exercise program, left shoulder surgery, and left carpal tunnel release. Current complaints include neck, mid and low back pain with bilateral upper and lower extremity complaints, rated at 9/10. Current diagnoses include cervical and lumbar stenosis, lumbar degenerative disc disease and facet arthropathy, and depression. In a progress note dated 05-15-15 the treating provider reports the plan of care as a MRI of the cervical spine, continued home exercise program, continued psychological treatment, and medications including Norco, Orphenadrine, and Omeprazole. The requested treatment includes Norco. The documentation supports that the injured worker has been on Norco since at least 02-13-15.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 10/325 mg #120:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 79, 124.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines (1) Opioids, criteria for use, p76-80 (2) Opioids, dosing, p86. Decision based on Non-MTUS Citation Farrar JT, Young JP, LaMoreaux L, Werth JL, Poole RM. Clinical importance of changes in chronic pain intensity measured on an 11-point numerical pain rating scale. Pain. 2001 Nov; 94 (2): 149-58.

**Decision rationale:** The claimant sustained a work injury in July 2008 and underwent a left carpal tunnel release in April 2015. Medications are referenced as decreasing pain by 20% lasting for 4-6 hours and allowing for improved function including activities of daily living. When seen, she was more than one-month status post surgery. She was having persistent and unchanged symptoms. There was an antalgic gait with forward flexed posture. She had cervical and lumbar spine tenderness with muscle spasms and decreased range of motion. There was decreased upper and lower extremities sensation and strength. Norco was refilled at a total MED (morphine equivalent dose) of 40 mg per day. When prescribing controlled substances for pain, satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. Norco (hydrocodone/acetaminophen) is a short acting combination opioid often used for intermittent or breakthrough pain. In this case, it is being prescribed as part of the claimant's ongoing management. There are no identified issues of abuse or addiction and medications are providing decreased pain significant to the claimant and allowing for activities of daily living. The total MED is less than 120 mg per day consistent with guideline recommendations. Continued prescribing was medically necessary.

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