

<b>Case Number:</b>	CM15-0146613		
<b>Date Assigned:</b>	08/07/2015	<b>Date of Injury:</b>	01/23/2002
<b>Decision Date:</b>	09/15/2015	<b>UR Denial Date:</b>	07/14/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/28/2015

### 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 73 year old female who sustained an industrial injury on 10-23-02. The mechanism of injury was unclear. She currently complains (per 6-29-15 note) of increased dyspnea with sputum production for the past several days (note from 3-26-15 notes shortness of breath). The sputum is grayish brown in color and these symptoms are recurring. She has no fever, chills or urinary tract complaints. On physical exam there were poor breath sounds with wheezing. There was no joint pain or other musculoskeletal complaints. Medications were Diflucan, Norco, Lidoderm 5% patch, Skelaxin. Diagnoses include acute bronchitis; hypoxemia; silicosis; neck pain; dyspnea; dependent edema; chronic headaches. Diagnostics include chest x-ray (3-10-15) showing increased reticular opacities. On 6-9-15, the treating provider requested Norco 7.5-325mg #120 with 2 refills.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 7.5/325mg #120 with 2 refills:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, specific drug list Page(s): 78-80, 91, 92, 124.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines (1) Opioids, criteria for use, (2) Opioids, dosing Page(s): 76-80, 86.

**Decision rationale:** The claimant has a remote history of a work injury occurring in October 2002 and continues to be treated for neck pain and chronic headaches. Her past medical history includes COPD related to silica exposure. When seen, pain was rated at 8/10. She was having increased dyspnea and sputum production. Physical examination findings included a BMI of nearly 42. There was lower extremity pitting edema. There was a normal musculoskeletal examination. There was wheezing and poor response on her pulmonary examination. Medications were refilled including a three month supply of Norco. 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. The total MED is less than 120 mg per day consistent with guideline recommendations. Continued prescribing was medically necessary.