

<b>Case Number:</b>	CM15-0147112		
<b>Date Assigned:</b>	08/10/2015	<b>Date of Injury:</b>	10/14/2013
<b>Decision Date:</b>	09/10/2015	<b>UR Denial Date:</b>	07/08/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/29/2015

### 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: Hawaii, California, Iowa

Certification(s)/Specialty: Preventive Medicine, Occupational 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 41 year old female, who sustained an industrial injury on 10-14-2013. The mechanism of injury is not indicated. The injured worker was diagnosed as having right biceps tendinitis and left shoulder impingement, chronic left knee sprain, chronic right knee sprain, chronic lumbosacral sprain, chronic cervical sprain, chronic right shoulder pain, constipation, chronic right forearm and wrist pain, chronic bilateral hip pain, and bilateral foot and ankle pain. Treatment to date has included medications, hand therapy, and home exercises. The request is for Norco. On 5-11-2015, she reported continued headaches, bilateral shoulder and neck pain. She also reported upper and lower back pain and pain to the hips, knees and right wrist. She continues with physical therapy. She indicated she injured her right wrist when she fell from her left leg giving out on her. She indicated she did not need Norco refilled on this date and she has been utilizing Lidoderm patches for which she was given a refill. She indicated she primarily uses Norco for breakthrough pain. She is not working. On 6-10-2015, she reported significant improvement of her functional status with therapy. She indicated she had continued pain to the shoulder, arms, and parascapular region, with intermittent spasms in the area, and occipital headaches. Physical examination revealed tenderness in the levator-trapezial area and biceps tendon. The treatment plan included: trigger point injections or botox injections, physical medicine and rehabilitation, and acupuncture.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 5-325 mg Qty 150:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids; Hydrocodone; MTUS (2009), 9792.20; Functional restoration approach to chronic pain management Page(s): 74-95, 51, 1, 8-9.

**Decision rationale:** Per the CA MTUS, Norco is a combination of Hydrocodone & Acetaminophen. Hydrocodone is considered a semi-synthetic opioid which is considered the most potent oral opioid that does not require special documentation in some states (not including California). The CA MTUS Chronic Pain Medical Treatment Guidelines state that Hydrocodone/Acetaminophen (Norco) is indicated for moderate to moderately severe pain. The guidelines note that there are no FDA-approved hydrocodone products for pain unless formulated as a combination. The guidelines state that the usual dose of 5-500mg is 1 or 2 tablets by mouth every four to six hours as needed for pain (Max 8 tablets per day). For higher doses of hydrocodone (>5mg per tab) and acetaminophen (>500mg per tab) the recommended dose is usually 1 tablet every four to six hours as needed for pain. The guidelines state that Hydrocodone has a recommended maximum dose of 60mg per 24 hours and that the dose is limited by the dosage of acetaminophen, which should not exceed 4g per 24 hours. The CA MTUS indicates the 4 A's for ongoing monitoring of opioids should be documented for analgesia, activities of daily living, adverse side effects, and aberrant drug taking behaviors. The MTUS Chronic Pain Medical Treatment Guidelines indicates that management of opioid therapy should include ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include: current pain level; the least reported pain over the period since last assessment; average pain level; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. According to the CA MTUS all therapies must be focused on the goal of functional restoration rather than just the elimination of pain and assessment of treatment efficacy is accomplished by reporting functional improvement, with functional improvement being documented in reduction of pain, increased pain control, and improved quality of life. Functional improvement means either a clinically significant improvement in activities of daily living or a reduction in work restrictions as measured during the history and physical exam, performed and documented as part of the evaluation and management visit; and a reduction in the dependency on continued medical treatment. In this case, she is not working. There is no discussion of her: current pain level; the least reported pain over the period since last assessment; average pain level; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. There is also no discussion regarding: activities of daily living, adverse side effects, and aberrant drug taking behaviors. There is a lack of functional improvement with the treatment already provided. The treating physician did not provide sufficient evidence of improvement in the work status, activities of daily living, and dependency on continued medical care. Therefore, the request for Norco 5-325 mg Qty 150 is not medically necessary.