

<b>Case Number:</b>	CM15-0161516		
<b>Date Assigned:</b>	08/27/2015	<b>Date of Injury:</b>	05/24/2013
<b>Decision Date:</b>	09/30/2015	<b>UR Denial Date:</b>	08/03/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/17/2015

### 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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 27 year old male, who sustained an industrial injury on 5-24-13. He reported pain in his neck, bilateral upper and lower extremities and lower back. The injured worker was diagnosed as having L4-L5 disc bulge, right mild active L5 denervation, bilateral shoulder strain, bilateral wrist sprain and right knee sprain. Treatment to date has included physical therapy with massage and Norco since at least 1-15-15. On 5-20-15 the treating physician reduced the Norco from 10-325mg to 7.5-325mg. On 6-10-15 the injured worker rated his pain an 8 out of 10 without medications and a 7 out of 10 with medications. As of the PR2 dated 7-20-15, the injured worker reports continued lower back pain. He rates his pain an 8 out of 10. He also reports 4-5 out of 10 pain in his bilateral shoulders and 6-7 out of 10 pain in his bilateral wrists. Objective findings include decreased lumbar range of motion, decreased shoulder range of motion and a positive straight leg raise test on the right at 60 degrees. The treating physician requested Norco 7.5mg-325mg #90.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco (Hydrocodone 7.5/325mg) #90:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, page(s) 74-96.

**Decision rationale:** Review indicates the request for Norco was modified for weaning purposes. The patient remains not working for this 2013 injury. Pain symptoms and clinical findings remain unchanged for this chronic injury. Submitted documents show no evidence that the treating physician is prescribing opioids in accordance to change in pain relief, functional goals with demonstrated improvement in daily activities, decreased in medical utilization or improved functional status. There is no evidence presented of random drug testing results or utilization of pain contract to adequately monitor for narcotic safety, efficacy, and compliance. The MTUS provides requirements of the treating physician to assess and document for functional improvement with treatment intervention and maintenance of function that would otherwise deteriorate if not supported. From the submitted reports, there is no demonstrated evidence of specific functional benefit derived from the continuing use of opioids with persistent severe pain for this chronic injury. In addition, submitted reports have not adequately demonstrated the specific indication to support for chronic opioid use without acute flare-up, new injuries, or progressive clinical deficits to support for chronic opioids outside recommendations of the guidelines. The Norco (Hydrocodone 7.5/325mg) #90 is not medically necessary or appropriate.