

<b>Case Number:</b>	CM15-0165382		
<b>Date Assigned:</b>	09/02/2015	<b>Date of Injury:</b>	05/05/2010
<b>Decision Date:</b>	10/06/2015	<b>UR Denial Date:</b>	07/28/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/24/2015

### 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: Arizona, 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:

This 38 year old woman sustained an industrial injury on 5-5-2010. The mechanism of injury is not detailed. Diagnoses include osteoarthritis of the hip and sacroiliitis. Treatment has included oral medications, hip injection, and surgical intervention. Physician notes on a PR-2 dated 5-19-2015 show complaints of low back and right hip pain. Recommendations include sacroiliac block, continue current medications including Effexor, Flexeril, Norco, Oxycontin, Prozac, Voltaren, Xanax, and follow up in one month.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**60 tablets of Oxycontin 20mg: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, specific drug list, Criteria for use of Opioids, When to discontinue/continue Opioids.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines opioids Page(s): 82-92.

**Decision rationale:** According to the guidelines, opioids such as Oxycontin are not intended for mechanical or compressive etiologies. In this case, the claimant has been on Norco for over a year and Oxy Contin for several months. The claimant's pain continues to increase where the medications were changed to MSContin. The claimant was developing tolerance to medications and pain was not controlled with Oxycont and Norco. The continued use of Oxycontin was not medically necessary.

**180 tablets of Norco 10/325mg: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, specific drug list, Criteria for use of Opioids, When to discontinue/continue Opioids.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines opioids Page(s): 82-92.

**Decision rationale:** Norco is a short acting opioid used for breakthrough pain. According to the MTUS guidelines, it is not indicated as 1st line therapy for neuropathic pain, and chronic back pain . It is not indicated for mechanical or compressive etiologies. It is recommended for a trial basis for short-term use. Long Term-use has not been supported by any trials. In this case, the claimant had been on Norco for a year without significant improvement in pain or function. The Norco use continued to increase in conjunction with Oxycontin. There was no mention of Tylenol, NSAID or weaning failure. The continued use of Norco is not medically necessary.