

<b>Case Number:</b>	CM15-0181460		
<b>Date Assigned:</b>	09/22/2015	<b>Date of Injury:</b>	04/14/2010
<b>Decision Date:</b>	10/30/2015	<b>UR Denial Date:</b>	08/21/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/15/2015

### 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: Texas, 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 is a 56-year-old female patient who sustained an injury on 4-14-2010. The diagnoses include mood disorder; severe major depression, single episode; adjustment reaction with depression and anxiety secondary to chronic pain and disability; post-traumatic stress disorder; disc bulging, lumbar; sprain and strain of the thoracic dorsal spine; thoracic musculoligamentous sprain; and sprains and strains of the lumbar region. Per the doctor's note dated 8/24/15, she had complaints of neck pain, upper back pain, mid back pain and low back pain at 4/10. Per the doctor's note dated 2/13/15, she had complaints of neck pain, upper back pain, mid back pain and low back pain at 4/10. Per the progress notes dated 6/30/15, the patient had complaints of neck pain, mid back pain and lower back pain at 5/10. She stated medications were helping and denied side effects. The provider noted she showed no evidence of developing medication dependency. The medications list includes Cymbalta, Lyrica, Axid, Prilosec, Ambien, Latuda, Prazosin, Tramadol and Norco (since 5-2015). She has had home exercises, psychotherapy, massage, physical therapy and a functional restoration program. No urine drug testing results were noted in the reviewed records. A Request for Authorization was received for Norco 10-325mg #90 (7/28/15 office visit, RFA 8-4-15). The Utilization Review on 8-21-15 non-certified the request for Norco 10-325mg #90 (7/28/15 office visit) and recommended weaning as per CA MTUS Chronic Pain Medical Treatment Guidelines.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 10/325mg #90 RFA 8/4/15 sent with 7/28/15 OV: Overturned**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids (Classification), Opioids, criteria for use.

**Decision rationale:** Norco 10/325mg #90 RFA 8/4/15 sent with 7/28/15 OV. Norco contains hydrocodone and acetaminophen. Hydrocodone is an opioid analgesic. According to CA MTUS guidelines cited below, "Opioid analgesics are a class of drugs (e.g., morphine, codeine, and methadone) that have a primary indication to relieve symptoms related to pain. Opioid drugs are available in various dosage forms and strengths. They are considered the most powerful class of analgesics that may be used to manage chronic pain." Patient had chronic neck pain, mid back pain and lower back pain at 5/10. Per the notes, she had depression and anxiety secondary to chronic pain and disability. She also had a history of a mood disorder and severe depression. Patient is on several non-opioid medications for chronic pain. Other criteria for ongoing management of opioids are: "The lowest possible dose should be prescribed to improve pain and function. Continuing review of overall situation with regard to non-opioid means of pain control. Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects." Per the records, provided patient stated medications were helping and denied side effects. The provider noted she showed no evidence of developing medication dependency. In this patient with chronic pain and several psychiatric conditions, access to a small amount of medication for pain relief for prn use, is medically appropriate and necessary. Therefore, based on the clinical information obtained for this review the request for Norco 10/325mg #90 RFA 8/4/15 sent with 7/28/15 OV is deemed medically appropriate and necessary for this patient at this time for prn use.