

<b>Case Number:</b>	CM15-0183495		
<b>Date Assigned:</b>	09/24/2015	<b>Date of Injury:</b>	08/11/2014
<b>Decision Date:</b>	11/06/2015	<b>UR Denial Date:</b>	09/10/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/17/2015

### 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, Hawaii

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:

This is a 52 year old male with a date of injury on 8-11-2014. A review of the medical records indicates that the injured worker is undergoing treatment for pain in shoulder joint, pain in lower leg joint and lumbar disc displacement without myelopathy. Medical records (7-14-2015 to 8-11-2015) indicate ongoing right knee, low back, right shoulder and right hand pain. According to the progress report dated 8-11-2015, the injured worker reported using Norco two to three times a day. He stated he had completed three sessions of physical therapy. He reported increased pain. He reported that he could not sleep due to low back pain. Per the treating physician (8-11-2015), the injured worker was off duty pending recovery from his right shoulder surgery. The physical exam (8-11-2015) revealed spasm and guarding in the lumbar spine. Treatment has included right shoulder surgery (5-7-2015), physical therapy and medications. The injured worker has been prescribed Norco since at least 7-14-2015. Current medications (8-11-2015) included Pantoprazole, Naproxen Sodium and Norco. The request for authorization dated 8-13-2015 included Norco. The original Utilization Review (UR) (9-10-2015) modified a request for Norco 10-325mg #75 to #60.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 10/325 mg Qty 75: Overturned**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

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

**Decision rationale:** The patient presents with pain affecting the low back, right knee, right shoulder and right hand. The current request is for Norco 10/325 mg Qty 75. The treating physician report dated 8/31/15 (14C) states, "He does find Hydrocodone/apap to be beneficial with pain reduction and overall functional improvement. He states that with the use of Norco, he is able to perform activities of daily living better with less pain. He reported having functional improvement as well as pain relief with the use of his medications including Norco. He has been tolerating Norco well and denies any side effects." MTUS pages 88 and 89 states "document pain and functional improvement and compare to baseline. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. Information from family members or other caregivers should be considered in determining the patient's response to treatment. Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS also requires documentation of the four A's (analgesia, ADL's, Adverse effects and Adverse behavior). The report dated 8/31/15 (14C) notes that the patient's pain level decreases while on current medication. Patient noted no adverse effects or adverse behavior. The patient's ADLs have improved as well his overall functioning. The patient's last urine drug screen was consistent and the physician has a signed pain agreement and CURES report on file as well. The continued use of Norco has improved the patient's symptoms and has allowed the patient to enjoy a greater quality of life. In this case, all four of the required A's are addressed, the patients pain level has been monitored upon each visit and functional improvement has been documented. The current request is medically necessary.