

<b>Case Number:</b>	CM15-0183887		
<b>Date Assigned:</b>	09/24/2015	<b>Date of Injury:</b>	09/25/2013
<b>Decision Date:</b>	10/30/2015	<b>UR Denial Date:</b>	09/11/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/18/2015

### 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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

### 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 49 year old male who sustained an industrial injury September 25, 2013. Past history included a functional restoration program authorized for 16 days and began May 20, 2015. According to a treating physician's office visit dated August 26, 2015, the injured worker presented with increased back pain requesting an increase in pain medication. They were awaiting authorization for additional functional restoration program time. The injured worker reports he felt some improvement with the pain program but since he's been out, it is harder to maintain his level of activity. Current medication included Naproxen, Norco 10mg-325mg tablet (1) three times a day, Lidoderm patch, Lidocaine patch, Metformin, Actos, Glyburide, Simvastatin, and Benazepril. The injured worker reports analgesia form medication, increased activities of daily living (not described), denies adverse effects of medication, shows no aberrant behaviors, has appropriate affect. Diagnoses are joint pain, upper arm; myalgia and myositis, unspecified; degeneration of lumbar disc. Treatment plan included follow-up of request for an additional [REDACTED] and for an increase in Norco 10-325mg (1) to four times a day.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 10/325mg (unspecified quantity) per 8/26/15 order Qty: 1.00:** 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 for chronic pain, Opioids, dosing, Opioids, long-term assessment.

**Decision rationale:** The claimant sustained a work injury in September 2013 when he hit his back and right elbow while working on a large machine and is being treated for chronic pain. He is participating in a functional restoration program. In May 2015, medications included Norco 10/325 mg #90. Pain was rated at 8/10. When seen, Norco 10/325 mg #120 was being prescribed. Pain was now rated at 6/10. Medications are referenced as providing analgesia and improved activities of daily living. When seen, an increased level of activity was demonstrated in response to medications by completion of Activity Monitoring Forms. Urine drug screening had been consistent. Ongoing prescribing of Norco 10/325 mg #120 is being requested. When prescribing controlled substances for pain, satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. Norco (hydrocodone/acetaminophen) is a short acting combination opioid often used for intermittent or breakthrough pain. In this case, it is being prescribed as part of the claimant's ongoing management. There are no identified issues of abuse or addiction and medications are providing what is considered a clinically significant decrease in pain and improved activities of daily living and activity tolerance. A decrease in pain scores is evident after the dose was increased. The total MED is less than 120 mg per day consistent with guideline recommendations. Continued prescribing was medically necessary.