

<b>Case Number:</b>	CM15-0195888		
<b>Date Assigned:</b>	10/09/2015	<b>Date of Injury:</b>	05/11/2000
<b>Decision Date:</b>	11/20/2015	<b>UR Denial Date:</b>	09/28/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/05/2015

### 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 58 year old female, who sustained an industrial injury on 5-11-2000. Diagnoses include cervical brachial myofascial pain syndrome, right shoulder impingement syndrome status post multiple surgeries, left shoulder adhesive capsulitis status post multiple surgeries, right elbow lateral epicondylitis status post release and development of complex regional pain syndrome, lumbar strain, right knee strain, left knee strain and degenerative knee joint disease with multiple surgeries bilaterally, chronic pain syndrome and status post (non-industrial) cervical fusion. Treatments to date include Lyrica, Oxycodone 5mg (since at least 4-6-15), cognitive behavioral therapy, and therapeutic injection. On 8-3-15, she complained of ongoing pain in the back, neck, bilateral knees, and right upper extremity. Pain was rated as 7 out of 10 VAS decreasing to 6 out of 10 VAS with opioid use. The records indicated Oxycodone 5mg, half to full tablet total quantity of #10 had been prescribed for several months. The provider documented the right knee pain was increasing. The physical examination documented a slow and careful gait with a limp. There was bilateral tenderness noted in bilateral knees with painful range of motion noted. The plan of care included ongoing treatment with Trazodone, Lyrica, and Oxycodone. On 8-12-15, she was evaluated with complaints of a flare-up of pain in the neck, back, and knees having ran out of pain medication. Pain was rated 8 out of 10 VAS. The provider noted the Trazodone was discontinued per cardiologist on 8-4-15. No new physical findings were documented. The plan of care included discontinuation of Oxycodone, and a prescription for Hydrocodone 5 mg, one tablet every eight hours as needed, #25 was given. The

appeal requested authorization for a prescription of Norco 5-325mg #25. The Utilization Review dated 9-28-15, modified the request to allow for Norco 5-325mg #20.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

#### **1 Prescription of Norco 5/325 #25: 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, dosing, Opioids, criteria for use, Opioids, long-term assessment.

**Decision rationale:** The claimant has a remote history of a work injury occurring in May 2000 when she slipped and fell with injury to her neck, back, knees, wrists, buttocks, and right shoulder and elbow. She continues to be treated for chronic pain. When seen, she had back, neck, bilateral knee, and right upper extremity pain. She was having a flare-up of pain. She had run out of pain medications. Medications included oxycodone 10 mg #10. She had pain rated at 8/10. She reported that after taking oxycodone, pain would decrease to 5/10 with a variable length of pain relief. Physical examination findings included ambulating slowly and carefully with a limp. There was diffuse neck and low back tenderness with decreased range of motion. There was bilateral diffuse knee tenderness and pain with range of motion. Oxycodone was discontinued. Norco 5/325 mg #25 was prescribed. The monthly MED (morphine equivalent dose) was increased from 50 mg to 75 mg. Guidelines indicate that when an injured worker has reached a permanent and stationary status or maximal medical improvement, that does not mean that they are no longer entitled to future medical care. Norco (hydrocodone/acetaminophen) is a short acting combination opioid medication used for intermittent or breakthrough pain. In this case, it was being prescribed when the claimant was having ongoing moderate to severe pain. There were no identified issues of abuse or addiction and the total MED prescribed was increased but remained less than 120 mg per day consistent with guideline recommendations. No refills were given. Prescribing Norco was appropriate and was medically necessary.