

<b>Case Number:</b>	CM15-0200552		
<b>Date Assigned:</b>	10/16/2015	<b>Date of Injury:</b>	02/18/2014
<b>Decision Date:</b>	12/01/2015	<b>UR Denial Date:</b>	09/28/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/13/2015

### 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, Illinois

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

### 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 53 year old female who sustained an industrial injury on 2-18-14. A review of the medical records indicates she is undergoing treatment for degenerative joint disease of the thoracic spine, left shoulder strain, depression, and "poor pain tolerance". The 8-25-15 record indicates that the injured worker has "chronic pain issues", including constant thoracic back pain, paresthasias to the right thigh, and morning headaches. Diminished range of motion is noted in the thoracic spine. She received an injection of Demerol and Phenergan at that visit. On 9-8-15, she rated her pain "8 out of 10". The treating provider indicates "exam unchanged". Another injection of Demerol and Phenergan were administered. The 9-23-15 PR2 indicates that the injured worker reported that she "stopped taking MS Contin" and that her low back pain is "worse". Norco 10-325mg, 1 tablet every 6 hours was prescribed. The utilization review (9-28-15) denied the request for Norco.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Hydrocodone/Acetaminophen (Norco) 10/325mg:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use, Opioids for chronic pain, Opioids for neuropathic pain, Opioids for osteoarthritis, Opioids, long-term assessment.

**Decision rationale:** The medical records provided for review do not indicate a medical necessity for Hydrocodone/Acetaminophen (Norco) 10/325mg. The MTUS recommends the use of the lowest dose of opioids for the short term treatment of moderate to severe pain. The MTUS does not recommend the long-term use of opioids in the treatment of chronic pain due to worsening adverse effects and lack of research in support of benefit. Also, the MTUS recommends that individuals on opioid maintenance treatment be monitored for analgesia (pain control), activities of daily living, adverse effects and aberrant behavior; the MTUS recommends discontinuation of opioid treatment if there is no documented evidence of overall improvement or if there is evidence of illegal activity or drug abuse or adverse effect with the opioid medication. The medical records indicate the use of opioids predates 05/2014, but with no overall improvement. The medical records indicate the injured worker is not properly monitored for pain, activities of daily living, adverse effects and aberrant behavior.