

<b>Case Number:</b>	CM15-0202185		
<b>Date Assigned:</b>	10/19/2015	<b>Date of Injury:</b>	05/30/2014
<b>Decision Date:</b>	11/25/2015	<b>UR Denial Date:</b>	10/08/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/14/2015

### 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: Arizona, 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:

The injured worker is a 52 year old male, who sustained an industrial injury on 5-30-14. The injured worker was diagnosed as having fractured distal radius NEC closed-right; status post external fixator placement and removal; fractured upper end radius with ulna-left status post ORIF and hardware removal; syndrome postlaminectomy lumbar; sprains-strains neck. Treatment to date has included physical therapy; medications. Diagnostics studies included MRI lumbar spine. Currently, the PR-2 notes dated 9-17-15 indicated the injured worker presented to this office for a medications refill. The provider documents "He has been compliant with the use of his medication. Verbal instructions were given and the medication was dispensed. Patient called in requesting a prescription to hold off until his next appointment in 4 days. (OK to fill 9-17-15)" Current medications are listed as: "Oxycontin 20 mg tablet one three times a day for pain and Norco 10-325mg 1-2 tablets every 8 hours not to exceed 4 in 24 hours on occasion." A PR- 2 note dated 8-10-15 indicated the injured worker was in the office as a follow-up with his chief complaint of low back pain and right wrist pain, neck pain and left elbow pain. His wrist pain is made worse with extension and reports pain which radiates into the aspect of his forearm dorsally. The provider reports the injured worker has had 12 sessions of occupational therapy. He is reportedly on Norco for a knee injury and on his last visit was prescribed OxyContin for his chronic neck pain and hand pain and elbow pain. On a nonindustrial basis, the injured worker is 4 months status post right total knee replacement which he states is quite painful and he is currently in physical therapy. He is using 3-4 Norco a day on days of physical therapy. He indicates the orthopedist would like this office to take over his Norco prescription on a

temporary basis. The provider's treatment plan notes The patient has continued upper extremity pain from his radial fracture and hardware removal and currently in occupational therapy which he needs to continue. There does purpose a special circumstance with this patient as he is approximately 4 ½ months status post total right knee replacement and he has been taking Norco prescribed by the orthopedic surgeon. Since he has been getting medications from this office, the surgeon has asked this provider to take over the prescribed Norco. He expects the injured worker to be able to taper off within the next 4 months. He notes "the patient has had a EMG done on 5-22-15 which was an abnormal study with electrodiagnostic evidence for right ulnar sensory mononeuropathy at the wrist described as mild with no evidence of cervical radiculopathy, plexopathy or mononeuropathy." A Request for Authorization is dated 10-14-15. A Utilization Review letter is dated 10-8-15 and non-certification for Norco 10/325mg #12. A request for authorization has been received for Norco 10/325mg #12.

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

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

**Norco 10/325mg #12:** Overturned

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

**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, Weaning of Medications.

**Decision rationale:** Norco is a short acting opioid used for breakthrough pain. According to the MTUS guidelines, it is not indicated as 1st line therapy for neuropathic pain, and chronic back pain. It is not indicated for mechanical or compressive etiologies. It is recommended for a trial basis for short-term use. Long Term-use has not been supported by any trials. In this case, the claimant had been on Norco for several months. The treating provider is tapering the Norco from 3 times daily use. The Norco with 12 tablets is medically necessary.