

<b>Case Number:</b>	CM15-0204373		
<b>Date Assigned:</b>	10/21/2015	<b>Date of Injury:</b>	02/04/2013
<b>Decision Date:</b>	12/03/2015	<b>UR Denial Date:</b>	10/01/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/19/2015

### 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

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:

This 35 year old man sustained an industrial injury on 2-4-2013. Diagnoses include bilateral ankle crush injury, left hip and thigh crush injury, causalgia of the right leg, and adjustment disorder with mixed anxiety and depressed mood. Treatment has included oral medications and cognitive behavior therapy. Physician notes on a PR-2 dated 9-22-2015 show complaints of bilateral leg and groin pain. The worker had a bowel resection last month and is requesting stronger pain medication. The worker had used Norco successfully in the past and is now taking Lyrica and Mobic. The physical examination shows mild distress and depression, a wide based gait, ambulation with a walker, lumbar spine with "full" range of motion with guarding and pain, tenderness to palpation of the paravertebral muscles and negative straight leg raise.

Recommendations include Norco, continue psychiatric medications, stop Butrans, lumbar spine MRI, and follow up in four weeks. Utilization Review denied a request for Norco on 10-1-2015.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 10/325mg #60:** Upheld

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

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

**Decision rationale:** The MTUS Guidelines do not recommend the use of opioid pain medications, in general, for the management of chronic pain. There is guidance for the rare instance where opioids are needed in maintenance therapy, but the emphasis should remain on non-opioid pain medications and active therapy. Long-term use may be appropriate if the patient is showing measurable functional improvement and reduction in pain in the absence of non-compliance. Functional improvement is defined by either significant improvement in activities of daily living or a reduction in work restriction as measured during the history and physical exam. It is not recommended to discontinue opioid treatment abruptly, as weaning of medications is necessary to avoid withdrawal symptoms when opioids have been used chronically. This request however is not for a weaning treatment, but to continue treatment. In this case, the injured worker has reportedly had multiple inconsistent urine drug screens with illicit drug use, and he is at a high risk of aberrant behavior. Norco has been denied on multiple occasions. The request for Norco 10/325mg #60 is determined to not be medically necessary.