

<b>Case Number:</b>	CM15-0028508		
<b>Date Assigned:</b>	02/20/2015	<b>Date of Injury:</b>	05/22/2013
<b>Decision Date:</b>	03/31/2015	<b>UR Denial Date:</b>	02/11/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/16/2015

### 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: Georgia

Certification(s)/Specialty: Anesthesiology, 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:

This 49 year old female sustained a work related injury on 05/22/2013. According to a progress report dated 01/26/2015, the injured worker had a highly complex condition that involved substantial injuries to multiple body parts. She had an increase in her lower back pain, problems with swelling around the ankles and numbness in the feet and hands. She also reported increased levels of anxiety and depression. She was dependent on her sister for most of her self-care activities including bathing and getting dressed. Assessment included complex regional pain syndrome type II upper limb, low back pain, strain of tendon of foot and ankle, chronic pain syndrome and depressive disorder. Treatment plan included Norco, Lyrica, and Cyclobenzaprine. According to the provider the injured worker's function remained limited and she was very compromised with respect to activities of daily living. Progress notes dated 09/24/2014 submitted for review showed that the injured worker was utilizing Norco at that time also. On 02/11/2015, Utilization Review non-certified Norco 5mg #60. According to the Utilization Review physician, the guideline criteria was not met as there was no documentation of a maintained increase in function or decrease in pain with the use of this medication. CA MTUS Chronic Pain Medical Treatment Guidelines, page 91 was referenced. The decision was appealed for an Independent Medical Review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 5mg #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 91.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 79.

**Decision rationale:** Norco 5 mg # 60 is not medically necessary. Per MTUS Page 79 of MTUS guidelines states that weaning of opioids are recommended if (a) there are no overall improvement in function, unless there are extenuating circumstances (b) continuing pain with evidence of intolerable adverse effects (c) decrease in functioning (d) resolution of pain (e) if serious non-adherence is occurring (f) the patient requests discontinuing. The claimant's medical records did not document that there was an overall improvement in function or a return to work with previous opioid therapy. Additionally, this medication was prescribed in conjunction with other opioid therapy. The claimant has long-term use with this medication and there was a lack of improved function with this opioid; therefore the requested medication is not medically necessary.