

<b>Case Number:</b>	CM15-0214741		
<b>Date Assigned:</b>	11/04/2015	<b>Date of Injury:</b>	07/22/2013
<b>Decision Date:</b>	12/23/2015	<b>UR Denial Date:</b>	10/02/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/02/2015

### 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:

The injured worker is a 50 year old male, who sustained an industrial injury on 07-22-2013. He has reported injury to the ribs, discs, and abdomen, as well as having pneumothorax and bilateral deep vein thrombosis, lower extremity. The diagnoses have included status post deep vein thrombosis and pulmonary embolus with IVC filter placement; and post-phlebotic syndrome. Treatment to date has included medications, diagnostics, activity modification, compression stockings, and surgical intervention. Medications have included Norco, Xarelto, and Metformin. A progress report from the treating provider, dated 08-25-2015, documented an evaluation with the injured worker. The injured worker reported that he is doing well and has no shortness of breath, coughing, or wheezing; he is able to blow the leaves in his backyard, and otherwise does not do much; he drives his children back and forth to school; he has some mild intermittent pain in the left lower leg; and his medications include Norco as needed, and Xarelto daily. Objective findings included he is in no acute distress; the right calf shows no swelling, erythema, or edema; the right and left calves are equal in size; no venous stasis disease is noted; and no varicosities are noted. The provider noted that "he seems to be tolerating the Xarelto well, without recurrence of his thrombophlebitis or any side effects, such as gastrointestinal bleeding, nose bleeds, or any other type of bleeding." The treatment plan has included the request for Norco 10-325mg quantity 90. The original utilization review, dated 10-02-2015, non-certified the request for Norco 10-325mg quantity 90.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 10/325mg quantity 90:** Upheld

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

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

**Decision rationale:** Norco 10/325 mg # 90 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 a pain score of overall improvement or compliance monitoring with a urine drug screen. The claimant has long-term use with this medication and there was a lack of documentation of improved function with this opioid; therefore, the requested medication is not medically necessary.