

<b>Case Number:</b>	CM15-0032602		
<b>Date Assigned:</b>	03/06/2015	<b>Date of Injury:</b>	08/01/2011
<b>Decision Date:</b>	04/10/2015	<b>UR Denial Date:</b>	02/10/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/20/2015

### 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: Physical Medicine & Rehabilitation, 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 31 year old female sustained a work related injury on 08/01/2011. According to a progress report dated 12/23/2014, the injured worker complained of bilateral shoulder constant sharp burning, constant moderate throbbing cervical spine pain to bilateral upper extremities, constant moderate lumbar spine pain to the bilateral lower extremities left greater the right and numbness of right hand with activity. Diagnoses included status post right shoulder changes symptoms and lumbar spine and cervical spine disc disease. Treatment plan included follow-up with shoulder surgeon, refill Norco, Prilosec and Naproxen and urine toxicology. A urine toxicology report dated 10/02/2014 was negative for antidepressant, barbiturates, benzodiazepines, opiates and miscellaneous medications. Her medication regimen included Omeprazole and Naproxen. A urine drug screen dated 10/30/2014 was submitted for review and positive for hydrocodone, and norhydrocodone and was noted as consistent. A urine drug screen dated 11/18/2014 was negative for hydrocodone and not consistent. A urine drug screen dated 12/23/2014 was positive for hydrocodone and norhydrocodone and was noted as not consistent. On 02/10/2015, Utilization Review non-certified Norco 10/325 amount unknown. According to the Utilization Review physician, the injured worker may have been post-partum and was nursing. This would not be recommended without obstetrics/gynecology clearance as opioids can be in breast milk per the FDA Guidelines. There was no documentation of improved function, urine drug testing, checking of the CURES database or review of a pain contract per recent notes. CA MTUS Chronic Pain Medical Treatment Guidelines pages 75, 78, and 83-87, Opioids, pages 67-72 and

Non-steroidal anti-inflammatory drugs pages 68-69 were 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 10/325 amount unknown:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page(s): 44, 47, 75-79, 120 of 127.

**Decision rationale:** Regarding the request for Norco (hydrocodone/acetaminophen), California Pain Medical Treatment Guidelines state that this is an opiate pain medication. Due to high abuse potential, close follow-up is recommended with documentation of analgesic effect, objective functional improvement, side effects, and discussion regarding any aberrant use. Guidelines go on to recommend discontinuing opioids if there is no documentation of improved function and pain. Within the documentation available for review, there is no indication that the medication is improving the patient's function or pain (in terms of specific examples of functional improvement and percent reduction in pain or reduced NRS), and no documentation regarding side effects. As such, there is no clear indication for ongoing use of the medication. Opioids should not be abruptly discontinued, but unfortunately, there is no provision to modify the current request to allow tapering. In light of the above issues, the currently requested Norco (hydrocodone/acetaminophen) is not medically necessary.