

<b>Case Number:</b>	CM14-0142051		
<b>Date Assigned:</b>	09/10/2014	<b>Date of Injury:</b>	06/05/2012
<b>Decision Date:</b>	10/24/2014	<b>UR Denial Date:</b>	08/02/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/02/2014

### 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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 42 year-old-male who sustained an injury on 6/5/2012. As per the report dated 7/22/2014 the patient presented complaining of constant pelvic pain radiating to right lower extremity with numbness and tingling, 7/10. He also had chronic headaches, insomnia, abdominal pain, and bilateral inguinal hernia. Pain without medications was 8/10. He was taking Norco 7.5/325 mg bid with no side effects. The patient reported that his migraines had decreased, and he had experienced temporary significant benefit with therapy. Examination findings included right hip motion flexion 85 degrees, extension 25 degrees, internal rotation 40 degrees, external rotation 45 degrees, abduction 40 degrees, adduction 20 degrees with pain with internal rotation. Recent treatment included physical therapy, acupuncture, chiropractic, and medications including Cyclobenzaprine and Ibuprofen along with Norco. He had been using Norco since at least 2/3/14 with minimal subjective temporary relief. He continued to report consistent pain levels and limitations. He had inconsistent urine drug screens on 3/3/14 and 5/03/14 in which prescribed Norco was not detected. Current diagnoses included headache, pelvic pain, right hip internal derangement, insomnia, abdominal pain and inguinal hernia. The request for Norco 7.5/325MG #60 was modified to Norco 7.5/325 mg #45 for weaning purposes and the request for Qualitative urine drug screen was denied on 08/01/14.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 7.5/325MG #60:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 91, 74.

**Decision rationale:** Norco (Hydrocodone + Acetaminophen) is indicated for moderate to severe pain. It is classified as a short-acting opioids, often used for intermittent or breakthrough pain. Guidelines indicate "four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids; pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non-adherent) drug-related behaviors. These domains have been summarized as the "4 A's" (analgesia, activities of daily living, adverse side effects, and aberrant drug-taking behaviors)." The medical records do not establish failure of non-opioid analgesics, such as NSAIDs or Acetaminophen, and there is no mention of ongoing attempts with non-pharmacologic means of pain management such as home exercise program. There is little to no documentation of any significant improvement in pain level (i.e. VAS) or function with prior use to demonstrate the efficacy of this medication. Furthermore, in urine drug screen tests on 3/3/14 and 5/03/14 Norco was not detected. The medical documents do not support continuation of opioids. Therefore, the medical necessity for Norco has not been established based on guidelines and documentation.

**Qualitative urine drug screen:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Misuse/addiction of Opioids.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 43. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain chapter

**Decision rationale:** As per California MTUS guidelines and Official Disability Guidelines, urine drug screening is recommended to assess for the use or the presence of illegal drugs and to monitor compliance with prescribed substances. In this case, the medical documents do not support continuation of opioids. Furthermore, Norco was not detected in urine drug screen tests on 3/3/14 and 5/03/14, indicating that the patient is non-compliant with opioids; continued prescribing of opioids is not recommended. Thus, the request for repeat urine drug screen is not medically necessary.