

<b>Case Number:</b>	CM14-0083425		
<b>Date Assigned:</b>	07/21/2014	<b>Date of Injury:</b>	09/30/2011
<b>Decision Date:</b>	11/05/2014	<b>UR Denial Date:</b>	05/20/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/05/2014

### 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 Neuromusculoskeletal Medicine and is licensed to practice in Arizona. 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 patient is a 63-year-old male who sustained an injury on 9/30/2011 as a result of stepping on the vehicle accelerator rather than the brake injuring his chest. Since the date of injury he has had discomfort. On his most recent progress reports he states having 4/10 pain that decreases to 2/10 with use of Norco. He reports that he is able to care for himself and stay active, but continues to have difficulty at night time. The only thing documented for physical exam findings is 'Minimal tenderness to the chest wall and thoracic spine. Limited range of motion of the right shoulder'. Imaging studies have eluded identifying the etiology of the patient's discomfort. His past treatments have included massage, physical therapy and medications. He is currently taking Norco for pain and Lunesta for somnolence since at least January of 2014. In dispute is a decision for Norco 5/325 #180 for chest pain.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 5/325 #180 for Chest Pain:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use Page(s): 80.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Pain Intervention and Treatments Page(s): 75, 88, 91.

**Decision rationale:** Short-acting opioids: also known as "normal-release" or "immediate-release" opioids are seen as an effective method in controlling chronic pain. They are often used for intermittent or breakthrough pain. For higher doses of hydrocodone (>5mg/tab) and acetaminophen (>500mg/tab) the recommended dose is usually 1 tablet every four to six hours as needed for pain. Opioids for Chronic back pain appears to be efficacious but limited for short-term pain relief, and long-term efficacy is unclear (>16 weeks), but also appears limited. Oxycodone with acetaminophen, (Roxilox, Roxicet, Percocet, Tylox, Endocet), Hydrocodone/Acetaminophen (Anexsia, Co-Gesic, Hycet™; Lorcet, Lortab; Margesic- H, Maxidone™; Norco, Stagesic, Vicodin, Xodol, Zydone; generics available) is listed as indicated for moderate to moderately severe pain. Long term use of such medications (greater than 6 months) needs documented pain and functional improvement as compared to baseline. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. Information from family members or other caregivers should be considered in determining the patient's response to treatment. Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument. Although it is documented that the patient improves with Norco use, aside from pain reduction, there is no other quantifying measure utilized to justify continued use (Increased level of function, improved quality of life). The patient has been on this regimen since at least January of 2014. At this time, the documentation does not support continued use.