

<b>Case Number:</b>	CM14-0210277		
<b>Date Assigned:</b>	12/23/2014	<b>Date of Injury:</b>	01/21/2000
<b>Decision Date:</b>	02/27/2015	<b>UR Denial Date:</b>	11/12/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/15/2014

### 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. 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 & Rehabn, 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 is a patient with a date of injury of January 21, 2000. A utilization review determination dated November 12, 2014 recommends noncertification of Norco. A progress report dated July 21, 2014 identifies subjective complaints of pain/edema right lower extremity. Objective findings identify edema. Diagnoses include post phlebitis syndrome and DVT. No legible treatment plan is listed. A progress report dated September 17, 2013 indicates that the patient was using Norco at that time. A progress report dated October 8, 2014 identifies subjective complaints of pain in the right lower extremity. Medications include Norco 10/325 2 pills orally 3 times a day. Physical examination reveals edema in the right lower extremity. Diagnoses include DVT, Coumadin, and post phlebitis syndrome. The treatment plan recommends continuing the current medications including hydrocodone. A progress report dated May 14, 2014 states that the patient is "stable with hydrocodone."

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Prospective use of Hydrocodone / Acetaminophen 10 325mg #180.:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 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 Norco 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), no documentation regarding side effects, and no discussion regarding aberrant use. 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.