

<b>Case Number:</b>	CM15-0018447		
<b>Date Assigned:</b>	02/06/2015	<b>Date of Injury:</b>	02/20/2013
<b>Decision Date:</b>	03/30/2015	<b>UR Denial Date:</b>	01/20/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/30/2015

### 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: Texas, Ohio, California  
 Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

### 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 applicant is a represented [REDACTED] beneficiary who has filed a claim for chronic pain syndrome reportedly associated with an industrial injury of February 28, 2013. In a Utilization Review Report January 28, 2015, the claims administrator failed to approve a request for Norco while apparently improving request for Percocet and OxyContin. The claims administrator referenced a November 21, 2014 progress note in its determination. The applicant's attorney subsequently appealed. On September 2, 2014, the applicant reported ongoing complaints of hip pain status post total hip arthroplasty on July 20, 2014. The applicant was using 5 Norco tablets daily. The applicant was using a cane to move about. The applicant's medication list included Percocet, diclofenac, Desyrel, Norco, Neurontin, Indocin, Zestril, allopurinol, and Lasix it was noted. Physical therapy was endorsed while 120 tablets of Norco were dispensed in the clinic. On October 24, 2014, the applicant reported 7/10 low back and hip pain complaints. On November 28, 2014, the applicant was given prescriptions for Naprosyn and physical therapy. Work restrictions were endorsed. Medication selection and medication efficacy were not detailed. On December 5, 2014, the applicant was asked to pursue further physical therapy. The applicant was placed off of work, on total temporary disability. The applicant was having difficulty to perform many activities of daily living owing to heightened pain complaints, it was acknowledged. Medication selection was not detailed.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 10/325 #120:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Opioids

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 4) On-Going Management. Chronic Pain Medical Treatment Guidelines 8 C.C.R. 9792.20 - 9792.2.

**Decision rationale:** 1. No, the request for Norco, a short-acting opioid, was not medically necessary, medically appropriate, or indicated here. As noted on page 78 of the MTUS Chronic Pain Medical Treatment Guidelines, the lowest possible dose of opioids should be employed to improve pain and function. Here, the attending provider failed to outline a clear, compelling, or cogent rationale for concurrent usage of separate two short-acting opioids, Norco and Percocet. Therefore, the request was not medically necessary.