

<b>Case Number:</b>	CM15-0110159		
<b>Date Assigned:</b>	06/16/2015	<b>Date of Injury:</b>	05/25/2005
<b>Decision Date:</b>	07/15/2015	<b>UR Denial Date:</b>	05/12/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/08/2015

### 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: New Jersey, Alabama, California  
 Certification(s)/Specialty: Neurology, Neuromuscular 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 injured worker is a 63 year old male, who sustained an industrial injury on 5/25/2005. The mechanism of injury was not noted. The injured worker was diagnosed as having partial tear of rotator cuff, pain in joint involving shoulder region, hip joint replacement, and chronic pain due to trauma. Treatment to date has included diagnostics, multiple orthopedic surgeries, mental health treatment, and medications. A progress report (2/04/2015) noted pain level at 10/10 since a fall approximately 6 weeks prior. He received injections of Toradol and Norflex. X-rays were reviewed and showed no evidence of fracture. He signed a medication contract on this date. On 3/03/2015, he reported rupturing his bicep while picking up soda the previous weekend. His pain was rated 5-6/10 without medication and 1/10 with. On 4/06/2015, his pain was rated 6- 7/10 with medication and 10/10 without. It was documented that he underwent a complex biceps rupture repair and was doing reasonably well. He brought in a prescription for Norco from the surgical physician. This prescription was shredded and reinstated. Currently (5/04/2015), the injured worker complains of pain when he removed his immobilizer. He was to start physical therapy on this day. He was using approximately 5 Norco per day, allowing him to function. Pain was rated 6-7/10 with medication use and 10/10 without. Medications included Alprazolam, Benazepril, Cymbalta, Lovastatin, Metformin, Norco, and Vibryd. Physical exam noted a sling to the left arm and dramatic ecchymosis of the left bicep. The treatment plan included medication refills, noted as essential for him to participate in physical therapy. His work status was permanent and stationary. A progress note from another provider (5/04/2015) noted complaints of moderate depression, psychomotor agitation at times, short temper, and occasional marijuana use. The use of Norco was noted for at least one year.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 10/325mg #180:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines short acting opioids Page(s): 78.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of opioids Page(s): 76-79.

**Decision rationale:** According to MTUS guidelines, Norco (Hydrocodone/Acetaminophen) is a synthetic opioid indicated for the pain management but not recommended as a first line oral analgesic. In addition and according to MTUS guidelines, ongoing use of opioids should follow specific rules: "(a) Prescriptions from a single practitioner taken as directed, and all prescriptions from a single pharmacy. (b) The lowest possible dose should be prescribed to improve pain and function. (c) Office: Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. 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 monitoring of these outcomes over time should affect therapeutic decisions and provide a framework."According to the patient's file, there is no objective documentation of pain and functional improvement to justify continuous use of Norco. Norco was used for longtime without documentation of functional improvement or continuous monitoring. Therefore, the prescription of Norco 10/325mg #180 is not medically necessary.