

<b>Case Number:</b>	CM15-0111724		
<b>Date Assigned:</b>	06/18/2015	<b>Date of Injury:</b>	05/17/2007
<b>Decision Date:</b>	07/20/2015	<b>UR Denial Date:</b>	06/03/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/09/2015

### 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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation, 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:

The injured worker is a 60 year old, male who sustained a work related injury on 5/17/07. He fell off of a tractor 12 feet into an empty swimming pool. He complained of neck pain and headache. He has loss of consciousness. The diagnoses have included cervicalgia, lumbago and muscle spasm. Treatments have included home exercises, speech therapy, use of a single point cane and medications. In the PR-2 dated 5/20/15, the injured worker complains of persistent headaches and neck pain. He states neck pain has "been acting up" and is more bothersome at night. He has some balance and coordination deficits related to the head injury. He rates his current pain level a 5/10. He complains of infrequent headaches, occurring 2-3 times a month. He reports back pain is minimal and a current pain level is a 4/10. He uses a single point cane for ambulation and walks with steady gait. He is stiff in his movements and has a little difficulty with transfers. The Norco pain medication reduces his pain by 30-40%. He can manage his own activities of daily living, does chores around the house and walks the dog. The treatment plan includes a recommendation for continuation of Norco three times a day.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 10/325mg quantity 90 (do not fill until 6/18/2015):** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Hydrocodone/Acetaminophen; Opioids.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 75-80.

**Decision rationale:** Regarding the request for Norco (hydrocodone/acetaminophen), Chronic 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 indication that the medication is reducing the patient's pain by 30-40% and allowing the patient to continue with activities of daily living. Additionally, there is documentation that the patient has no side effects on this medication, and no aberrant behaviors. Recently urine toxicology screen in 5/2015 indicated consistent use of Norco. As such, the currently requested Norco (hydrocodone/acetaminophen) is medically necessary.