

<b>Case Number:</b>	CM15-0124533		
<b>Date Assigned:</b>	07/09/2015	<b>Date of Injury:</b>	11/05/2009
<b>Decision Date:</b>	09/10/2015	<b>UR Denial Date:</b>	06/10/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/29/2015

### 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 York

Certification(s)/Specialty: Anesthesiology

### 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 53 year old, male who sustained a work related injury on 11/5/09. The diagnoses have included leg pain, shoulder joint pain, knee pain, long-term drug use, lumbar radiculitis, and lumbago. Treatments have included medications, modified work duty with restrictions and continued vocational rehabilitation. In the PR-2 dated 8/8/13, the injured worker complains of lumbar spine back pain. He describes the pain as aching and sharp. He has sciatica. He complains of hip pain. Describes this pain as a dull ache and sharp. He rates his pain level a 3/10 with medications. He has a painful, unsteady and antalgic gait. He has tenderness in the lumbar spinous processes, facet joints and paralumbar areas. He has right shoulder glenohumeral joint tenderness. He has right knee joint tenderness. He has decreased range of motion in right knee. He is not working. The treatment plan includes a continuation of medications with prescriptions.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 10/325mg #160:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Hydrocodone/acetaminophen, Short-acting opioids.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Weaning of Medications Page(s): 78-91, 124.

**Decision rationale:** According to the CA MTUS and ODG, Norco 10/325mg (Hydrocodone/Acetaminophen) is a short-acting opioid analgesic indicated for moderate to moderately severe pain, and is used to manage both acute and chronic pain. The treatment of chronic pain with any opioid analgesic requires review and documentation of pain relief, functional status, appropriate medication use, and side effects. A pain assessment should include current pain, intensity of pain after taking the opiate, and the duration of pain relief. In this case, there is insufficient evidence that the opioids were prescribed according to the CA MTUS guidelines, which recommend prescribing according to function, with specific functional goals, return to work, random drug testing, an opioid contract, and documentation of a prior failure of non-opioid therapy. In addition, the MTUS recommends urine drug screens for patients with poor pain control and to help manage patients at risk of abuse. It is noted that the injured worker has been on this medication for greater than 3 months. In the notes provided, the pain levels recorded for last couple of visits have not changed. There are no documented changes in his functional capabilities from visit to visit. Documentation does not include a toxicology screen as recommended by the guidelines. There is no documentation of improvement in pain level, a decrease in overall pain or an increase in functional capacity.