

<b>Case Number:</b>	CM15-0174386		
<b>Date Assigned:</b>	09/16/2015	<b>Date of Injury:</b>	05/23/1997
<b>Decision Date:</b>	10/20/2015	<b>UR Denial Date:</b>	08/28/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/04/2015

### 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: Emergency 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:

This 52 year old man sustained an industrial injury on 5-23-1997. The mechanism of injury is not detailed. Diagnoses include chronic left leg pain. Treatment has included oral medications. Physician notes on a PR-2 dated 6-30-2015 show complaints of left leg pain. The worker rates his pain 10 out of 10 without medications and 5-6 out of 10 with medications. The physical examination shows a left lower extremity dressing intact, no sign of infection, wound is healing slowly, and sensation, motor function, and circulation are all intact bilaterally. Recommendations include continue current medications, trial of Norco weaning, weight loss program-diet, home exercise program, NSAIDs, ice, and follow up in two months. Utilization Review modified a request for Norco citing that the worker has been weaning from this medication for months without an increase in pain rating. Therefore, he is to continue weaning to off as this medication is not generally recommended for long term use.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**1 Prescription of Norco 10/325mg #180: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use, Opioids for chronic pain, Opioids, dosing, Opioids, long-term assessment.

**Decision rationale:** Norco is acetaminophen and hydrocodone, an opioid. Patient has chronically been on an opioid pain medication. As per MTUS Chronic pain guidelines, documentation requires appropriate documentation of analgesia, activity of daily living, adverse events and aberrant behavior. Documentation fails criteria. Provider claims a vague "50% improvement" in pain and subjective claims of functional improvement with no details provided. Patient has reported been "weaning" from Norco for over 6months with no noted real decrease in total Norco prescribed each month. The lack of documentation of benefit and lack of carrying out claimed weaning does not support prescription for Norco. The request is not medically necessary.