

<b>Case Number:</b>	CM15-0175385		
<b>Date Assigned:</b>	09/16/2015	<b>Date of Injury:</b>	08/11/2008
<b>Decision Date:</b>	10/19/2015	<b>UR Denial Date:</b>	08/19/2015
<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: Arizona, California

Certification(s)/Specialty: Family Practice

### 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 67 year old female who sustained an industrial injury on August 11, 2008. A pain management visit dated May 27, 2015 reported chief subjective complaint of left lower extremity pain and left foot pain. She reports "using medications appropriately, with "stable functionability." Current medication regimen consisted of: Flexeril, Pennsaid, Lidoderm 5 % patches, Lidocaine ointment, Neurontin, Butrans patches, and Norco. The following diagnoses were applied: pain in joint of ankle and foot; reflex sympathetic dystrophy of lower limb; fasciitis not otherwise specified; pain in limb, and encounter for long-term use of other medications. The plan of care noted involving a trial of Butrans patch; tapering down from Norco and discontinuing it. A "small amount" #20 of Norco noted prescribed this visit for her to take until she is able to get Butrans patches; then taper Norco and start Butrans. The next primary follow up visit dated June 14, 2015 reported the plan of care consisted of: discontinuing Butrans patches, as they did not provide effect relief of symptom. She is requesting to go back on Norco as "her activity has decreased since starting the Butrans." Primary follow up dated August 06, 2015 reported the plan of care with prescription for: Norco 10mg 325mg and the Butrans discontinued. Previous treatment to include: activity modification, medications, topical agents, physical therapy, exercises.

## **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Hydrocodone/Acetaminophen (Norco) 10/325 #120:** 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 for chronic pain, Opioids for neuropathic pain, Opioids, specific drug list.

**Decision rationale:** Norco is a short acting opioid used for breakthrough pain. According to the MTUS guidelines, it is not indicated as 1st line therapy for neuropathic pain, and chronic back pain. It is not indicated for mechanical or compressive etiologies. It is recommended for a trial basis for short-term use. Long-term use has not been supported by any trials. In this case, the claimant had been on Norco and Butrans independent of each other without significant improvement in pain or function. There was no mention of Tylenol, NSAID or Tricyclic failure. The continued use and reinitiating Norco is not medically necessary.