

<b>Case Number:</b>	CM15-0063664		
<b>Date Assigned:</b>	04/09/2015	<b>Date of Injury:</b>	01/04/1991
<b>Decision Date:</b>	05/14/2015	<b>UR Denial Date:</b>	03/13/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/03/2015

### 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, Texas, Florida

Certification(s)/Specialty: Anesthesiology, Pain Management, Hospice & Palliative 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 60 year old female, who sustained an industrial injury on January 4, 1991. The injured worker was diagnosed as having internal derangement of knee, lumbar/lumbosacral degenerative disc, ankle sprain/strain and hand/wrist tenosynovitis. Treatment and diagnostic studies to date have included surgery, and medication. A progress note dated March 5, 2015 provides the injured worker complains of low back, wrist, knee and ankle pain. She reports her back pain radiates to the shoulders and down the legs with numbness. Physical exam notes mild discomfort and has difficulty sitting and standing. There is lumbar tenderness with decreased range of motion (ROM), right wrist tenderness, knees have bilateral surgical scars with slight decreased range of motion (ROM) in the right and right ankle tenderness. The plan includes continued medication, injections, ice and heat and follow-up.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 10/325mg #120:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of Opioids.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20 ? 9792.26 Page(s): 44, 47, 75-79, 120 of 127.

**Decision rationale:** Regarding the request for Norco (hydrocodone/acetaminophen), California 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 no indication that the medication is improving the patient's function or pain (in terms of specific examples of functional improvement and percent reduction in pain or reduced NRS), no documentation regarding side effects, and no discussion regarding aberrant use. As such, there is no clear indication for ongoing use of the medication. Opioids should not be abruptly discontinued, but unfortunately, there is no provision to modify the current request to allow tapering. However a prior utilization review on 1/22/15 and 3/13/15 allowed for a tapering dose to be given for the Norco. No changes to the documentation for Norco has been made since the utilization review. In light of the above issues, the currently requested Norco (hydrocodone/acetaminophen) is not medically necessary.