

<b>Case Number:</b>	CM15-0072578		
<b>Date Assigned:</b>	04/22/2015	<b>Date of Injury:</b>	10/11/2012
<b>Decision Date:</b>	05/27/2015	<b>UR Denial Date:</b>	03/20/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/16/2015

### 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: Texas, Florida

Certification(s)/Specialty: Anesthesiology, 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 51-year-old male injured worker suffered an industrial injury on 10/11/2012. The diagnoses included ankle pain, status achillotenotomy and thoracic pain. The injured worker had been treated with medications and massage therapy. On 3/16/2015, the treating provider reported left ankle pain. He had increased endurance and improved function such as basic activities of daily living and household activities along with improved emotional stability. The pain was rated as 6/10 with medications and 9/10 without medications. The treatment plan included Norco. The medications listed are Flexeril, Lunesta, ibuprofen and Norco.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 10/325 mg #90 (3 times daily): Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2 Page(s): 42-43, 74-96, 124. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter Opioids.

**Decision rationale:** The CA MTUS and the ODG guidelines recommend that opioids can be utilized for the short term treatment of exacerbation of musculoskeletal pain that did not respond to standard treatment with NSAIDs and PT. The chronic use of opioids can be associated with the development of tolerance, dependency, addiction, sedation and adverse interaction with other sedatives. The records indicate that the patient is utilizing opioids and other sedatives concurrently. There is no documentation of guidelines mandated compliance monitoring of random UDS, absence of aberrant behaviors, CURES data reports and functional restoration. The criteria for the use of Norco 10/325mg #90 3 times a day is not medically necessary.