

<b>Case Number:</b>	CM15-0074876		
<b>Date Assigned:</b>	04/24/2015	<b>Date of Injury:</b>	03/18/2014
<b>Decision Date:</b>	05/29/2015	<b>UR Denial Date:</b>	04/08/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/20/2015

### 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 56 year old male with an industrial injury dated March 18, 2014. The injured worker's diagnoses include abdominal contusion, bilateral ankle sprain, bilateral carpal tunnel syndrome, bilateral knee sprain, left Achilles tendinosis, cervical sprain, left hip sprain, moderate cervical disc herniation at C3-4, C5-6, moderate lumbar disc herniations at L4-5 and L5-S1 and status post left shoulder arthroscopy on 12/16/2014. Treatment consisted of diagnostic studies, prescribed medications, lumbar epidural injection (ESI) at L4-5 on 3/10/2015, 12/24 authorized physical therapy sessions and periodic follow up visits. In a progress note dated 3/20/2015, the injured worker reported ongoing low back pain and ongoing neck pain that radiates to the bilateral upper extremities. The injured worker reported substantial improvement from lumbar epidural injection regarding his left radicular pain. Objective findings revealed decrease range of motion of the lumbar spine. The treating physician prescribed Norco tab 10/325mg #60 now under review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco tab 10/325mg #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47-49, Chronic Pain Treatment Guidelines Criteria for use of Opioids Page(s): 115, 78.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 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 fortunately, a prior utilization review on 4/8/15 allowed for a tapering dose to be given for the Norco. In light of the above issues, the currently requested Norco (hydrocodone/acetaminophen) is not medically necessary.