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| <b>Case Number:</b>   | CM15-0092424 |                              |            |
| <b>Date Assigned:</b> | 05/18/2015   | <b>Date of Injury:</b>       | 01/27/2012 |
| <b>Decision Date:</b> | 06/23/2015   | <b>UR Denial Date:</b>       | 04/14/2015 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 05/13/2015 |

### 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: Internal 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 52 year old male, who sustained an industrial injury on 1/27/12. He has reported initial complaints of contracting valley fever at the job site. The diagnoses have included joint pain of the shoulder, coccidioidomycosis, headache and history of hypertension and diabetes. Treatment to date has included medications, diagnostics, and knee surgery in 2008. Currently, as per the physician progress note dated 2/17/15, the injured worker is for follow up visit with no complaints noted at the time. The physical exam reveals weight of 244 pounds, blood pressure 120/90, and heart rate of 70. The lung sounds are clear, heart rate regular, abdomen is soft with positive bowel sounds and no edema noted in the extremities. There are no recent diagnostic reports noted in the records and the most current medications were not listed. The physician noted that the plan was to increase atorvastatin, consultation for elevated hemoglobin, dietary changes and increase water intake. The physician requested treatment included Hydrocodone/APAP 10/325mg #120.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Hydrocodone/APAP 10/325mg #120:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids for chronic pain Page(s): 80.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic pain section Page(s): 75 and 91.

**Decision rationale:** Norco, or Hydrocodone APAP, is noted to be a short acting opioid effective in controlling chronic pain and often used intermittently and for breakthrough pain. It is noted that it is used for moderate to moderately severe pain. The dose is limited by the Tylenol component and officially should not exceed 4 grams per day of this medicine. The most feared side effects are circulatory and respiratory depression. The most common side effects include dizziness, sedation, nausea, sweating, dry mouth, and itching. In general, opioid effectiveness is noted to be augmented with; 1. Education as to its benefits and limitations. 2. The employment of non opioid treatments such as relaxation techniques and mindfulness techniques. 3. The establishment of realistic goals; and 4. Encouragement of self regulation to avoid the misuse of the medication. The MTUS notes that opioid medicines should be not the first line treatment for neuropathic pain because of the need for higher doses in this type of pain. It is also recommended that dosing in excess of the equivalent of 120 mg QD of morphine sulfate should be avoided unless there are unusual circumstances and pain management consultation has been made. It is also stated that the use of opioids in chronic back pain is effective in short term relief of pain and that long term relief of pain appears to be limited. However, the MTUS does state that these meds should be continued if the patient was noted to return to work and if there was noted to be an improvement in pain and functionality. Also, it is noted that if the medicine is effective in maintenance treatment that dose reduction should not be done. The treating physician does not note any patient complaints of pain and does not mention any diagnosis which would necessitate pain meds. Also, there is no discussion of office monitoring or counseling regarding the use of narcotics. Therefore, the UR was justified in non-certification of the use of this medicine.