

<b>Case Number:</b>	CM15-0097049		
<b>Date Assigned:</b>	07/15/2015	<b>Date of Injury:</b>	11/11/2003
<b>Decision Date:</b>	09/10/2015	<b>UR Denial Date:</b>	05/06/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/19/2015

### 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: New York

Certification(s)/Specialty: Pediatrics, 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 41 year old, female who sustained a work related injury on 11-11-03. The diagnoses have included left ankle fibular fracture, anterior talofibular ligament instability, right knee injury and lumbar spine radiculopathy. Treatments have included physical therapy, lumbar epidural steroid injections and medications. In the PR-2 dated 4-22-15, the injured worker complains of increased left ankle pain. She states the worst pain is in her ankle and low back. She states her ankle pain is getting worse. She has diminished lumbar spine spasm. She has decreased range of motion in lumbar spine. She has a positive right straight leg raise. She has pain on dorsiflexion of right ankle. She has pain on antero-lateral ankle with a small effusion. She is not working. The treatment plan includes prescriptions for medications.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Hydrocodone 7.5/325 mg with 2 refills (Qty unspecified): Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-95, 124.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Weaning of Medications Page(s): 78-91, 124.

**Decision rationale:** Per CA MTUS guidelines, Norco is a combination of Hydrocodone and acetaminophen and considered an opioid medication. "Chronic pain can have a mixed physiologic etiology of both neuropathic and nociceptive components." "Failure to respond to a time-limited course of opioids has led to the suggestion of reassessment and consideration of alternative therapy. There is no evidence to recommend one opioid over another." "A major concern about the use of opioids for chronic pain is that most randomized controlled trials have been limited to a short-term period ( $\leq 70$  days)." Long-term use of opioids are not recommended. It is noted that the injured worker has been on this medication for at least a year. In the notes provided, the pain levels are not recorded. There are no documented functional capabilities from visit to visit. Documentation does not include a toxicology screen as recommended by the guidelines. The submitted request does not include dosing or frequency. The documentation does not support that opiate prescribing is consistent with the CA MTUS guidelines. Norco has been prescribed at most office visits. Weaning of this medication should be considered before abruptly discontinuing due to possibility of withdrawal issues. For all of these reasons, this request for Norco is not medically necessary.