

<b>Case Number:</b>	CM14-0141474		
<b>Date Assigned:</b>	09/10/2014	<b>Date of Injury:</b>	02/04/2010
<b>Decision Date:</b>	10/21/2014	<b>UR Denial Date:</b>	08/14/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/02/2014

### 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. The expert reviewer is Board Certified in Occupational Medicine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This injured worker is a 41-year-old male who developed persistent left knee, left shoulder and low back pain subsequent to a crush injury on 2/4/10. Recently he was evaluated by a pain management specialist who diagnosed him with CRPS I syndrome. A Sympathetic block was performed which initially provided significant pain relief with improvements in color, temperature and dyshydrosis. The physician has recently started the patient on Neurontin 300mg. BID and Elavil qhs. He is utilizing Norco 10/325mg. four times per day. The treating physician states that the opioids provide pain relief, but there is little details regarding what percentage of relief and what functional benefits are provided. The new treating Dr. has only seen him for a month when the Norco was peer reviewed.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco Tablets 10/325 mg #120:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Short acting Opioids, On-Going review.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Ongoing Management Page(s): 77-78.

**Decision rationale:** MTUS Guidelines support the judicious use of opioids if there is pain relief and functional benefit. At the time of the Peer Review it was too early to evaluate the ongoing appropriateness of daily opioid use. The pain management physician has just started treating this patient and had just initiated treatment with new adjuvant medications and injections for CRPS. This issue could be re-reviewed if the patient remains on Opioids for several months after the new physician initiates treatment, but at this point in time it is too early in the course of new treatment to make a reasonable judgment regarding Guideline compliance. Therefore, the request for Hydrocodone 10/325mg #120 is medically necessary.