

<b>Case Number:</b>	CM13-0022267		
<b>Date Assigned:</b>	11/13/2013	<b>Date of Injury:</b>	07/17/2007
<b>Decision Date:</b>	01/21/2014	<b>UR Denial Date:</b>	08/16/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/09/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Anesthesiology and Pain 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 physician 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:

The patient is a 46-year-old female who has 3 different dates of injury: one is 02/13/20013; the next is 07/17/2007, and there is another one dated 08/06/2007 through 08/09/2007. According to the documentation dated 08/08/2013, the patient was reporting pain and discomfort in the neck and low back which had been ongoing for several months. Upon her physical examination, she was noted to have cervical spine spasms, tightness and tenderness in the paraspinal muscles. She was diagnosed with a cervical sprain, cervical discopathy, lumbar sprain, lumbar discopathy and bilateral knee sprains/strains. The patient has been using oral medications, for pain relief, to include Norco 10/325 mg since at least 07/2013. There were no clinical notes providing an updated comprehensive physical examination, to include any objective measurements regarding the efficacy of any of her conservative modalities for pain relief. The physician is requesting Norco 10/325 mg.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 10/325mg:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-96.

**Decision rationale:** According to the California MTUS Guidelines, the long-term use of opioids is not recommended. With a lack of documentation providing an updated comprehensive physical examination, it is unclear if the patient's request for medication is matching her actual discomfort and/or pain levels at this time. Furthermore, the patient has been utilizing opioids for at least the past 7 months. Under the California MTUS Guidelines under the "Tolerance and Addiction" heading, it states that opioid tolerance develops with the repeated use of opioids and brings about the need to increase a dose and may lead to sensitization. It has also become apparent that analgesia is not always sustained over time and that pain may be improved with weaning of opioids. As such, with the documentation lacking specific information regarding the patient's overall condition, the medical necessity for the medication cannot be determined. Furthermore, the physician has failed to indicate the total number of tablets required to complete a proper order for this medication. As such, the requested service does not meet guideline criteria. Therefore, the request is non-certified.