

<b>Case Number:</b>	CM13-0039537		
<b>Date Assigned:</b>	12/20/2013	<b>Date of Injury:</b>	03/27/2009
<b>Decision Date:</b>	03/14/2014	<b>UR Denial Date:</b>	09/23/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/07/2013

### 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 Internal Medicine and is licensed to practice in New York. 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 claimant is a 67-year-old female who sustained an injury on 01/22/2009. The mechanism of injury occurred when she slipped on yogurt that was spilled in a grocery store, while shopping for the client. She has diagnoses of chronic low back pain and neck pain. She complains of increased neck and low back pain. Cervical and Lumbar MRI studies have demonstrated degenerative disc disease, disc bulges and foraminal narrowing. On exam, she has pain with range of movement of the neck and lumbar spine, with paravertebral muscle tenderness to palpation. She has been treated with medical therapy including opiates, topical medications, injection therapy, nerve blocks, chiropractic, acupuncture, and physical therapy. The treating provider has requested Norco 10/325mg #60 with 1 refill.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**One (1) prescription of Norco 10/325mg #60, with one (1) refill: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines California Chronic Pain Medical Treatment Guidelines (May 2009)..

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines California MTUS Guidelines, Opioids Page(s): 91-97.

**Decision rationale:** The documentation indicates that the enrollee has been treated with opioid therapy with Norco for pain control. The Chronic Pain Guidelines indicate that short-acting opioids, such as Norco are seen as an effective method in controlling chronic pain. They are often used for intermittent or breakthrough pain. The treatment of chronic pain with any opioid agent requires review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include current pain: last reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid, and the duration of pain relief. Per the medical documentation there has been no documentation of the medication's pain relief effectiveness and no clear documentation that she has responded to ongoing opioid therapy. The guidelines also indicate that there has to be certain criteria followed including an ongoing review and documentation of pain relief and functional status. This does not appear to have occurred with this patient. The patient has continued pain despite the use of short acting opioid medications. There has been documented tapering trial of this opioid medication. The patient may require a multidisciplinary evaluation to determine the best approach to treat his chronic pain syndrome. The medical necessity for Norco 10/325 has not been established. The requested treatment is not medically necessary.