

<b>Case Number:</b>	CM13-0058247		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	06/09/2006
<b>Decision Date:</b>	06/05/2014	<b>UR Denial Date:</b>	10/28/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/26/2013

### 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 has a subspecialty in Pain Management and is licensed to practice in California, Colorado, Michigan, Pennsylvania, and Texas. 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:

The patient is a 43 year old male who was injured on 06/09/2006. The mechanism of injury is unknown. According to medical records, he is being treated for cervical, thoracic, and lumbar spine sprains, lumbar radiculopathy, left shoulder strain, left knee sprain, left ankle sprain and psychiatric complaints. The patient has been on prescription medication including Norco with earliest PR2 dated 07/15/2013. On this date, the patient complains of pain of 4-5/10 with the medications. Follow-up PR2 dated 07/20/2013 and 10/07/2013 showed the patient to rate his pain at 6/10. The patient was also involved in a home exercise program during this time. In addition to Norco, he was also prescribed Remeron and Sonata.

### 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 Opioids, ONGOING MANAGEMENT..

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG) PAIN CHAPTER: OPIOIDS.

**Decision rationale:** Chronic opioids are not recommended for chronic pain and there is no description of objective functional improvement while on the opioid. The patient has been under the care of mental health professionals however there are no reports of potential abuse/dependence or addiction. The request is non certified.