

<b>Case Number:</b>	CM14-0002032		
<b>Date Assigned:</b>	01/24/2014	<b>Date of Injury:</b>	01/03/2003
<b>Decision Date:</b>	06/20/2014	<b>UR Denial Date:</b>	12/27/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/07/2014

### 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 Physical Medicine & Rehabilitation, and is licensed to practice in Minnesota. 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 injured worker is a 54-year-old female who reported an injury on 01/03/2003 due to cumulative trauma while performing normal job duties. The injured worker's chronic pain was managed with medications to include Norco 10/325 mg, Effexor XR 225 mg, and baclofen 20 mg. The injured worker was monitored for aberrant behavior with urine drug screens. The injured worker was evaluated on 12/10/2013. It was documented that the injured worker had no significant changes on clinical presentation and physical evaluation was not provided. It was noted that the injured worker was participating in a home exercise program. The injured worker's diagnoses included neck pain, low back pain, fibromyalgia, and chronic pain syndrome. The injured worker's treatment plan included continuation of medications, an x-ray of the cervical spine, and continuation of acupuncture treatments.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **RETROSPECTIVE REQUEST FOR NORCO 10/325MG #360: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, OPIOIDS,

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines Opioids, On-Going Management Page(s): 78.

**Decision rationale:** The retrospective request for Norco 10/325 mg #360 is not medically necessary or appropriate. California Medical Treatment Utilization Schedule recommends the continued use of opioids in the management chronic pain be supported by ongoing documentation of functional benefit, a quantitative assessment of pain relief, managed side effects, and evidence that the injured worker is monitored for aberrant behavior. The clinical documentation submitted for review did indicate that the injured worker had been monitored for aberrant behavior. Additionally, it is noted within the documentation that the injured worker had a reduction in pain and was able to work part-time. However, the most recent clinical documentation failed to provide any information to support the efficacy of the requested medication. Therefore, continued use would not be supported. As such, the retrospective request for Norco 10/325 mg #360 is not medically necessary or appropriate.