

<b>Case Number:</b>	CM14-0011395		
<b>Date Assigned:</b>	02/21/2014	<b>Date of Injury:</b>	03/08/2013
<b>Decision Date:</b>	06/25/2014	<b>UR Denial Date:</b>	01/13/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/28/2014

### 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 Physical Medicine and Rehabilitation, has a subspecialty in Pain Management, and is licensed to practice in New York 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 injured worker is a 54-year-old injured on March 8, 2013 as a result of prolonged sitting at his desk, repetitive data entry, repetitive motion of the head and neck he developed gradual onset of neck pain extending to the shoulders, arms, and hands in addition to low back pain extending to the feet with numbness and tingling. The injured worker rated posterior neck pain at 8-9/10 chronic low back pain at 9/10, with non-specific subjective numbness bilaterally to hands and feet with complaints of falling four to five times per day due to numbness of the feet. Medications included prednisolone, ofloxacin, cyclopentolate, Zolpidem, prednisone, hydrocodone/acetaminophen, Ondansetron, Carafate, omeprazole, fluticasone, and Loratadine. Current diagnoses included numbness of the skin, cervicalgia, and chronic low back pain. The initial request for Norco 2.5/325mg quantity 120 was initially non-certified on January 13, 2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**NORCO 2.5/325MG QTY 120:** 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, 78-82

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20, OPIOIDS, CRITERIA FOR USE Page(s): 77.

**Decision rationale:** According to the Chronic Pain Medical Treatment Guidelines, injured workers must demonstrate functional improvement in addition to appropriate documentation of ongoing pain relief to warrant the continued use of narcotic medications. There is no clear documentation regarding the functional benefits or any substantial functional improvement obtained with the continued use of narcotic medications. As the clinical documentation provided for review does not support an appropriate evaluation for the continued use of narcotics as well as establish the efficacy of narcotics, the medical necessity of Norco 3.5/325 mg, 120 count, cannot be established at this time. The request for Norco 2.5/325 mg, 120 count, is not medically necessary or appropriate.