

<b>Case Number:</b>	CM14-0015761		
<b>Date Assigned:</b>	03/03/2014	<b>Date of Injury:</b>	01/19/2006
<b>Decision Date:</b>	06/30/2014	<b>UR Denial Date:</b>	01/29/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/07/2014

### 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 Internal 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 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 61 year old female with date of injury 01/19/2006. There are actually no notes available from the primary treatment provider to review. The only note available that gives some history is from an agreed medical evaluation dated 11/29/2011 that states the patient has neck and shoulder pain related to a work incident where a box struck her neck and left shoulder. She is also with chronic knee pain, low back pain, and hip pain. She has co-morbid diagnosis of depression, asthma, and morbid obesity. There are no notes for review of any treatment and effect on pain and function over time. In the note dated 11/29/2011, it is reported she uses Vicodin for pain and the note dated 11/29/2011 states she is on one daily. The current request is for Norco 10/325 - #240.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**NORCO 10/325MG #240:** 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:** The patient is reported to have a chronic pain condition with date of injury since 2006. There is nothing in the notes to reflect what medications have been tried and outcomes. There is no documentation of any non-pharmacologic therapy (physical therapy, etc) that has been employed and outcome. The only note stating the patient was taking one Vicodin a day was from 2011. The current request is for #240 of high dose Norco 10/325. MTUS states short acting opioids are not to be used chronically for long acting pain syndromes. There is nothing in the notes to reflect pain scores and functional improvement on the current request to suggest this is acceptable for chronic treatment. Furthermore, there is no documentation of any non-opioid medication that has been tried/failed. As the request stands and based on the documentation provided, the Norco 10/325 - #240 is not medically necessary.