

<b>Case Number:</b>	CM14-0118889		
<b>Date Assigned:</b>	08/08/2014	<b>Date of Injury:</b>	03/16/2009
<b>Decision Date:</b>	11/04/2014	<b>UR Denial Date:</b>	07/04/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/29/2014

### 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 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:

This is a 30-year-old female with a 3/16/09 date of injury; the mechanism of the injury was not described. The patient was seen on 6/13/14 with complaints of neck and back pain associated with numbness and tingling. The note stated that the patient was weaning off of Norco. Exam findings revealed that the patient was alert and oriented x3, weight 245 pounds, height 5'7" and BMI 38.37. The urine drug screen test dated 6/13/14 revealed inconsistency with an opiate use. The diagnosis is lumbar sprain, cervicobrachial syndrome. Treatment to date: work restrictions, physical therapy and medications. An adverse determination was received on 7/4/14 for an inconsistency with an opiate use and that the patient initiated weaning off of Norco.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 10/325 mg Qty 90:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opiates Page(s): 78-81.

**Decision rationale:** CA MTUS Chronic Pain Medical Treatment Guidelines do not support ongoing opioid treatment unless prescriptions are from a single practitioner and are taken as

directed; are prescribed at the lowest possible dose; and unless there is ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. However, the progress notes indicated that the patient was weaning off of Norco and the urine drug-screening test revealed inconsistency with opiates. There is no rationale with regards to the necessity for an additional prescription for Norco given, that the patient was weaning off of the medication. Therefore, the request for Norco 10/325 mg Qty 90 was not medically necessary.