

<b>Case Number:</b>	CM14-0169241		
<b>Date Assigned:</b>	10/17/2014	<b>Date of Injury:</b>	04/04/2010
<b>Decision Date:</b>	11/19/2014	<b>UR Denial Date:</b>	09/29/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/14/2014

### 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 American Board 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 injured worker (IW) is a 48-year-old man who sustained an injury on April 4, 2010. The mechanism of injury was not documented in the medical record. Pursuant to the physician evaluation dated August 26, 2014, The IW complained of pain over his neck, low back, knees and periumbilical hernia. Reviews of systems were negative. He was not taking any medications on the date of exam (August 26, 2014). He was diagnosed with cervical radiculitis, headaches, lumbar radiculopathy with discogenic disease, bilateral chronic knee pain, patellofemoral arthrosis, and incarcerated periumbilical hernia. Examination showed decreased size of umbilical deficit, umbilical tenderness, paralumbar tenderness, medial and lateral joint line tenderness, and positive straight leg raise test on the right at 5 degrees. He requested a refill of his medications that had been suppressing his pain and improving his sleep. He was prescribed Norco 10/325mg#40, Ultram 150mg, Voltaren 100mg, Protonix 20mg, Flexeril 7.5mg, and Fiorinal 50/325mg. The IW was restricted to desk type work with the capacity to stand at will. Follow-up scheduled for September 23, 2014.

### 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 1 tab QHS PRN #40 on 8/26/14:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for Opiates, Ongoing Management; Page(s): 74-96. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Criteria for Opiates, Ongoing Management

**Decision rationale:** Pursuant to the Chronic Pain Med Treatment Guidelines and the official disability guidelines, retrospective request for Norco 10/325 mg. one tablet QHS, PRN #40 on August 26, 2014 is not medically necessary. The guidelines set forth the criteria for ongoing management of opiates. They state the lowest possible dose (of opiates) should be prescribed to improve pain and function. There should be ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. A detailed pain assessment should be entered into the medical record. In this case, the injured worker's pain is satisfactorily controlled with Ultram ER extended-release and Voltaren. The former is a short acting opiate and the latter a non-steroidal anti-inflammatory drug. The initial utilization reviewer spoke with the treating physician. The treating physician stated these medications are necessary to control the injured workers pain which is reflected clinically. The Norco was prescribed to be taken as needed for nighttime use only. Consequently, Norco #40 is not medically necessary based on a 30-day month. Based on the medical record in the peer-reviewed evidence-based guidelines retrospective Norco 10/325 mg one tablet QHS, PRN #40 on August 26, 2014 is not medically necessary.