

<b>Case Number:</b>	CM14-0171803		
<b>Date Assigned:</b>	10/23/2014	<b>Date of Injury:</b>	03/04/2002
<b>Decision Date:</b>	11/25/2014	<b>UR Denial Date:</b>	09/25/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/17/2014

### 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 Family Medicine and is licensed to practice in Arizona. 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:

Patient is a 52 year old male with a date of injury on 3/4/2002. Subjective complaints are of knee, shoulder, hand, neck, and low back pain. The patient is status post cervical spine surgery on 4/22/2010. Physical exam showed decreased cervical range of motion, positive Spurling's maneuver, and muscle spasm. There is decreased shoulder range of motion, with crepitus. The lumbar spine has decreased range of motion and positive straight leg raising tests bilaterally. The patient was previously taking Vicodin ES, which was then switched to Percocet. Medications include Percocet, Omeprazole, and Lunesta. Records indicate that previously Norco was discontinued due to drowsiness, and that patient was receiving narcotics also from his primary physician.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 10/325 mg #240:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids  
Page(s): 74-96.

**Decision rationale:** The patient in question has been on chronic opioid therapy. CA Chronic Pain Guidelines has specific recommendations for the ongoing management of opioid therapy. Clear evidence should be presented about the degree of analgesia, level of activity of daily living, adverse side effects, or aberrant drug taking behavior. While ongoing opioids may be needed for this patient, the medical record fails to provide documentation of MTUS opioid compliance guidelines including risk assessment, attempts at weaning, and ongoing efficacy of medication. Furthermore, the records do not demonstrate improvement in function from long-term use, and previously this medicine was discontinued due to side effects. Therefore, the medical necessity of Norco is not established at this time.