

<b>Case Number:</b>	CM14-0176785		
<b>Date Assigned:</b>	10/30/2014	<b>Date of Injury:</b>	12/17/2012
<b>Decision Date:</b>	12/10/2014	<b>UR Denial Date:</b>	10/13/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/24/2014

### 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 Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in Tennessee. 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 49-year-old male with a 12/17/12 date of injury, when he fell off of the edge of the second floor and sustained injuries to the head and back. The patient was seen on 9/29/14 with complaints of continued mid back pain, rated 3-9/10 without medications and 1-3/10 with medications. The patient was noted to be on Norco, Anaprox and Xanax. Exam findings of the thoracic spine revealed significant tenderness to palpation along the T6-T10 vertebrae and tenderness to palpation of the lumbar spine. The diagnosis is closed head injury with posttraumatic headaches and tinnitus, thoracic and lumbar facet arthropathy, T6-T8 spinous processes fractures and right L3-L5 fractures. Treatment to date includes work restrictions, physical therapy, medial branch nerve blocks and medications. An adverse determination was received on 10/13/14 for a lack of functional improvement.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 10/325mg #120:** 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): 78-81.

**Decision rationale:** The California 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, given the 2012 date of injury, the duration of opiate use to date is not clear. There is no discussion regarding non-opiate means of pain control, or endpoints of treatment. The progress note dated 9/29/14 indicated that the patient rated his pain 3-9/10 without medications and 1-3/10 with medications. The records do not clearly reflect continued functional benefit, a lack of adverse side effects, or aberrant behavior. In addition, the recent UDS test was not available for the review. Although opiates may be appropriate, additional information would be necessary, as the California MTUS Chronic Pain Medical Treatment Guidelines require clear and concise documentation for ongoing management. Non-certification here does not imply abrupt cessation for a patient who may be at risk for withdrawal symptoms. Should the missing criteria necessary to support the medical necessity of this request remain unavailable, discontinuance should include a tapering prior to discontinuing avoiding withdrawal symptoms. Therefore, the request for Norco 10/325mg #120 is not medically necessary.