

<b>Case Number:</b>	CM14-0192147		
<b>Date Assigned:</b>	11/25/2014	<b>Date of Injury:</b>	01/20/2008
<b>Decision Date:</b>	01/12/2015	<b>UR Denial Date:</b>	11/08/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/17/2014

### 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 Occupational 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:

Patient is a 35-year-old male with date of injury 01/20/2008. The medical document associated with the request for authorization, a neurological primary treating physician's progress report, dated 11/14/2014, lists subjective findings as pain in the neck, right arm, and left knee. Objective findings: No physical examination findings relating to the patient's occupational injuries was documented by provider. Diagnosis: 1. Status post right forearm surgery. 2. Closed head injury with post-traumatic head syndrome with cognitive impairment. 3. Balance impairment, stable 4. Status post left knee surgery. Original reviewer modified medication request to Norco 10/325mg, #63 for weaning purposes. The medical records supplied for review document that the patient has been taking the following medication for at least as far back as two years. Medication: 1. Norco 10/325mg, #120 SIG: PO QID.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**NORCO 10//325MG QTY 120:** Upheld

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

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

**Decision rationale:** A previous utilization review decision provided the patient with sufficient quantity of medication to be weaned slowly off of narcotic. The Chronic Pain Medical Treatment Guidelines state that continued or long-term use of opioids should be based on documented pain relief and functional improvement or improved quality of life. Despite the long-term use of narcotics, the patient has reported very little functional improvement over the course of the last 2 years. Norco 10//325mg Qty 120 is not medically necessary.