

<b>Case Number:</b>	CM14-0023683		
<b>Date Assigned:</b>	06/16/2014	<b>Date of Injury:</b>	05/18/2009
<b>Decision Date:</b>	07/16/2014	<b>UR Denial Date:</b>	02/21/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/25/2014

### 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 New Jersey. 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 worker is a 41 year old female who was injured on 5/19/09 after being assaulted. She was later diagnosed with shoulder pain, jaw pain and neck pain secondary to spasms and degenerative disc disease. She was treated with physical therapy, acupuncture, Temporomandibular Disorders (TMD) night guard, electrical stimulation device, oral medications, trigger point injections, and topical analgesics. The worker was last seen by her secondary treating physician on 1/10/14 complaining of her neck pain and jaw pain but also reported that the last trigger point injection from 9/13 had been still reducing her pain by 80%. She reported medications she was using at the time: Tylenol, Norco (as needed), and Voltaren gel. Her Voltaren gel use had been helping reduce her pain level in her jaw from 8/10 to 3-4/10 on the pain scale. There was no mention of how much her Norco was able to improve her pain or function in the note. It is noted, however, that other treatments had allowed the worker to reduce her need for Norco by half at the time. She was recommended to continue the current therapies including the occasional use 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 #60:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids  
Page(s): 78-80.

**Decision rationale:** MTUS Chronic Pain Medical Treatment Guidelines require that for opioid use, there is to be ongoing review and documentation of pain relief, functional status, appropriate medication use with implementation of a signed opioid contract, drug screening (when appropriate), review of non-opioid means of pain control using the lowest possible dose, ensure prescriptions are from a single practitioner and pharmacy, and side effects, as well as consultation with pain specialist if after 3 months unsuccessful with opioid use, all in order to improve function as criteria necessary to support the medical necessity of opioids. Long-term use and continuation of opioids requires this comprehensive review with documentation to justify continuation. The worker in this case had been using Norco as needed for many months or more. However, perhaps since it had not been used very often, there was no discussion in the notes available for review of Norco being able to improve pain or function with occasional use. Without this documentation of benefit, the Norco is not medically necessary.