

<b>Case Number:</b>	CM14-0038259		
<b>Date Assigned:</b>	06/25/2014	<b>Date of Injury:</b>	10/15/2008
<b>Decision Date:</b>	07/28/2014	<b>UR Denial Date:</b>	03/14/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/01/2014

### 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 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:

According to the records made available for review, this is a 49-year-old male with a 10/15/08 date of injury. At the time (3/4/14) of the request for authorization for Norco 10/325 mg (unknown quantity), there is documentation of subjective (bilateral neck pain with cervicogenic occipital headache, bilateral low back pain and buttock pain, and bilateral thoracic back pain) and objective (tenderness upon palpation over the cervical paraspinal muscles overlying the bilateral C2-3 through C6-7 facet joints and the lumbar paraspinal muscles overlying the bilateral L4-5 and L5-S1 facet joints and bilateral sacroiliac joints, lumbar and cervical ranges of motion were restricted by pain in all directions) findings, current diagnoses (bilateral upper cervical facet joint pain at C2-3, C3-4, C4-5; bilateral lower cervical facet joint pain at C5-6, C6-7, C7-T1; cervical facet joint arthropathy; central disc protrusions at C5-6 and C6-7; bilateral lumbar facet joint pain at L4-5 and L5-S1; lumbar facet joint arthropathy; chronic neck pain; and chronic low back pain), and treatment to date (medication including Norco for at least 3 months). In addition, there is documentation that the patient was given and signed a pain contract stating the guidelines of the pain program. There is no documentation of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services with 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 #90:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation ODG pain chapter, Opioids.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-80.

**Decision rationale:** MTUS Chronic Pain Medical Treatment Guidelines necessitate documentation that the prescriptions are from a single practitioner and are taken as directed; the lowest possible dose is being prescribed; and there will be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects, as criteria necessary to support the medical necessity of opioids. MUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. Within the medical information available for review, there is documentation of diagnoses of bilateral upper cervical facet joint pain at C2-3, C3-4, C4-5; bilateral lower cervical facet joint pain at C5-6, C6-7, C7-T1; cervical facet joint arthropathy; central disc protrusions at C5-6 and C6-7; bilateral lumbar facet joint pain at L4-5 and L5-S1; lumbar facet joint arthropathy; chronic neck pain; and chronic low back pain. In addition, there is documentation of treatment with Norco for at least 3 months; and that the prescriptions are from a single practitioner and are taken as directed; the lowest possible dose is being prescribed; and there will be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. However, there is no documentation of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services with use of Norco. Therefore, based on guidelines and a review of the evidence, the request for Norco 10/325 mg #90 is not medically necessary.