

<b>Case Number:</b>	CM14-0039024		
<b>Date Assigned:</b>	06/27/2014	<b>Date of Injury:</b>	03/30/2009
<b>Decision Date:</b>	07/23/2014	<b>UR Denial Date:</b>	03/10/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/03/2014

### 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:

The patient is a 64 year old male, DOI 3/30/09. Subsequent to a motor vehicle accident he has developed chronic cervical and lumbar pain. There is a radicular component to the pain. He has been treated with spinal surgery, extensive physical therapy, acupuncture and oral analgesics. He is compliant with medications and the prescribing physician is very judicious with opioid use and monitoring of medications. When the pain is improved less medication is utilized.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 10/325 Every 4-6 Hours Quantity 60:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Hydrocodone/APAP Page(s): 82-88 and 91.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Ongoing management Page(s): 78.

**Decision rationale:** The California MTUS Guidelines do not state that Opioids should not be utilized under any circumstances. In fact the whole opioid section is an attempt to assure appropriate long term use. The use of up to 2 Norco per day to use as needed is consistent with Guidelines. It is closely monitored by the physician, there are no aberrant behaviors and it is beneficial. Treatment is medically necessary.

