

<b>Case Number:</b>	CM14-0041038		
<b>Date Assigned:</b>	06/30/2014	<b>Date of Injury:</b>	08/22/2001
<b>Decision Date:</b>	08/22/2014	<b>UR Denial Date:</b>	03/27/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/08/2014

### 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:

This is a 51-year-old female with an 8/22/01 date of injury. The mechanism of injury was not noted. According to a 6/9/14 progress note, the patient stated her function is worse. She has tried using many adjunct treatments but medications work for her. She noted no aberrant behavior. Objective findings: limited flexion and extension of neck, limited flexion and extension of back, positive pain and spasms LS junction and at L5 and pain over the areas of the facets with increased pain with extension and rotation. Diagnostic impression: neck and left shoulder pain, thoracolumbar lumbar back pain, left hip osteoarthritis, right carpal tunnel syndrome. Treatment to date: medication management, activity modification, trigger point injections, massage therapy, acupuncture. A UR decision dated 3/27/14 denied the request for Norco. The rationale for denial was not provided.

### 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:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2 Page(s): 78-81.

**Decision rationale:** CA 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 there is ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. According to several progress notes, the patient noted improvement in her activities of daily living with medications. She stated that her medications help improve her pain. It is documented that with medications, she is able to walk longer and farther, sit and stand for longer periods of time, cook, clean, do laundry, and sleeps better. In addition, it is noted that the patient has signed an agreement and participates in random drug screening. It is documented in a 6/9/14 progress note that her urine drug screens dated April 2013, November 2013, and June 2014 were consistent with Norco use. Furthermore, her CUREs reports from March 2014 and June 2014 were as expected with only one provider and dates ok. Therefore, the request for Norco 10/325mg, QTY: 120 is medically necessary.