

<b>Case Number:</b>	CM14-0043174		
<b>Date Assigned:</b>	07/02/2014	<b>Date of Injury:</b>	02/18/2005
<b>Decision Date:</b>	08/20/2014	<b>UR Denial Date:</b>	03/11/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/10/2014

### 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 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 case involves a female injured worker who sustained an injury on 02/18/2014. The treating physician's report dated 02/17/2014 states the injured worker received treatment for chronic neck and upper back pain. The report is handwritten and illegible therefore, the physical examination is hard to decipher. The injured worker previously underwent a discectomy with cervical anterior fusion of the C4-C5 and C6-C7 and is receiving treatment for chronic pain. The current medications include: MS Contin 30mg TID, Zanaflex QID, Norco 10/325mg QID, Ambien 10mg, and Cymbalta 30 mg TID. It is documented that the injured worker is totally disabled until 4-6 weeks. This request is for a refill of Norco medication.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 10-325 mg 1 po q6h PRN Pain #120 (x2): Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) TWC 2014 Pain Opioids, criteria for use When to Discontinue Opioids.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids for chronic pain Page(s): 83-87.

**Decision rationale:** This patient receives treatment for chronic neck and upper back pain despite undergoing cervical spine surgery. Long-term opioid use remains under study. Currently, studies show a lack of benefit in restoring physical functioning. Chronic opioid use exposes the patient to opioid misuse, dependence, and addiction. This patient is prescribed two different opioids, the doses of which, when added together, their combined dose far exceeds 120mg oral morphine equivalents per day. This is the therapeutic ceiling set down in the current treatment guidelines. Continued use of the Norco 10-325mg QID is not medically necessary.