

<b>Case Number:</b>	CM14-0043588		
<b>Date Assigned:</b>	07/02/2014	<b>Date of Injury:</b>	10/10/2012
<b>Decision Date:</b>	08/20/2014	<b>UR Denial Date:</b>	03/28/2014
<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 Physical Medicine & Rehab 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 injured worker is a 50-year-old male who reported an injury on 10/10/2012 due to motor vehicle accident. On 03/18/2014, the injured worker presented with neck and shoulder pain. Upon examination of the cervical spine, there were trigger points palpable with a twitch response over the muscles of the head and neck. There was pain noted with range of motion. Upon examination of the lumbar spine, there was pain in the bilateral L3-S1 region upon palpation and a palpable twitch response noted over the lumbar paraspinal muscles. There was an antalgic gait and pain noted with range of motion. Current medications included Lisinopril, Flexeril, Vicodin, Etodolac, Methocarbamol, Duexis, Neurontin, Norco, And Robaxin. The diagnoses were chronic neck pain and low back pain associated with radiculopathy, status post work related injury. The provider recommended Norco 10/325 mg; the provider's rationale was not provided. The request for authorization form was dated 03/19/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 10/35mg, one tablet three times a day as needed:** Upheld

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

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

**Decision rationale:** The request for Norco 10/35mg, 1 tablet 3 times a day as needed not medically necessary. The California MTUS Guidelines recommend the use of opioids for ongoing management of chronic pain. The Guidelines recommend ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects should be evident. There is a lack of evidence of an objective assessment of the injured worker's pain level, functional status, evaluation for risk of aberrant drug abuse behavior, and side effects. Additionally, clarification would be needed for the provider's request for Norco 10/35mg, and the frequency of the medication would need to be indicated in the request. As such, the request is not medically necessary.