

<b>Case Number:</b>	CM14-0048808		
<b>Date Assigned:</b>	07/07/2014	<b>Date of Injury:</b>	08/03/2007
<b>Decision Date:</b>	08/29/2014	<b>UR Denial Date:</b>	03/19/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/27/2014

### 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic neck pain reportedly associated with an industrial injury of August 3, 2007. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; opioid therapy; earlier cervical fusion surgery; transfer of care to and from various providers in various specialties; and the apparent imposition of permanent work restrictions. In a Utilization Review Report dated March 19, 2014, the claims administrator partially certified a request for Norco, apparently for weaning purposes. The applicant's attorney subsequently appealed. In a progress note dated January 9, 2014, the applicant was described as using Ambien, Voltaren, Suboxone, Norco, and Prilosec. Medications were refilled. It was stated that the medications were providing appropriate analgesia without adverse effects. The attending provider did not, however, elaborate upon what activities of daily living had physically ameliorated as a result of the same. The applicant did not appear to be working with permanent limitations in place. On July 8, 2014, the applicant is again presenting with persistent complaints of neck pain, 8/10, with reactive depression and dry mouth. The applicant was again using Ambien, Voltaren, Suboxone, Norco, and Prilosec. Permanent work restrictions and psychological evaluation were again endorsed.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 10/325mg #180 with 5 refills:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines When to Continue Opioids topic Page(s): 80.

**Decision rationale:** As noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy includes evidence of successful return to work, improved functioning, and/or reduced pain achieved a result of the same. In this case, however, the applicant is seemingly off of work. The applicant does not appear to be working with permanent limitations in place. There is no concrete evidence of any improvements in pain or function achieved as a result of ongoing Norco usage. The attending provider did not elaborate as to how (or if) Norco has been beneficial here. Therefore, the request is not medically necessary.