

<b>Case Number:</b>	CM14-0049861		
<b>Date Assigned:</b>	07/07/2014	<b>Date of Injury:</b>	09/02/1991
<b>Decision Date:</b>	08/19/2014	<b>UR Denial Date:</b>	04/09/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/17/2014

### 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 61-year-old male who reported an injury on 09/02/1991. The mechanism of injury was not provided. The injured worker's medication history included opiates as of 2004. The mechanism of injury was the injured worker was moving an coworker's truck and the coworker grabbed the injured worker's leg and physically pulled the injured worker out of the truck so that he landed on the ground. The injured worker fell on his back. The documentation of 04/ 03/2014 revealed the injured worker had pain in the low back and neck with radiation down into his arms and leg. The injured worker's pain without medications was 9/10 to 10/10 and with medications 6/10. The documentation indicated with the injured worker's medications he was able to perform activities of daily living and some minimal household activities. The diagnoses included degenerative cervical intervertebral disc, degenerative lumbar/lumbosacral intervertebral disc, and lumbago. The treatment plan included continuation of Norco 10/325 mg 1 to 2 every 4 hours as needed #240 for breakthrough pain.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**1 Prescription of Norco 10/325mg #240:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for use of opioids.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Medications for Chronic pain, , ongoing management Page(s): 60,page 78.

**Decision rationale:** The California MTUS Guidelines recommend opiates for the treatment of chronic pain. There should be documentation of objective functional improvement and objective decrease in pain. There should be documentation the injured worker is being monitored for aberrant drug behavior and side effects. The clinical documentation submitted for review indicated the injured worker had an objective decrease in pain and objective functional improvement. However, there is a lack of documentation indicating the injured worker was being monitored for aberrant drug behavior and side effects. The request as submitted failed to indicate the frequency for the requested medication. The clinical documentation indicated the injured worker had been utilizing the medication for at least 10 years. Given the above, the request for 1 prescription of Norco 10/325 mg #240 is not medically necessary.