

<b>Case Number:</b>	CM14-0054309		
<b>Date Assigned:</b>	07/07/2014	<b>Date of Injury:</b>	11/08/2005
<b>Decision Date:</b>	09/05/2014	<b>UR Denial Date:</b>	04/08/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/23/2014

### 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 58-year-old male patient with an 11/8/05 date of injury. The mechanism of injury was not provided. A progress report dated on 4/29/14 indicated that the patient presented with pain in his cervical and lumbar spine, 10/10. The patient noted that the pain increased since his last visit. He reported soreness on his neck and throbbing sensation with movement, and pain radiation to the bilateral shoulders. Physical exam revealed decreased sensation along the bilateral C5-C6 dermatomes. He had several urine drug screen tests that were consistent with his prescribed medication. He was diagnosed with cervical musculoligamentous strain, cervical disc disease, Lumbar disc disease, and bilateral shoulder sprain. The treatment to date includes medication management. There is documentation of a previous 4/8/14 adverse determination was modified from Norco #90 to #72, based on the fact that there was functional gains and weaning process would be appropriate.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 10/325mg # 90:** Upheld

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

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

**Decision rationale:** The California 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 unless there is ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. However, there was documentation supporting of opiate use since at least 11/20/13, including evidence of pain relief or functional gains. As a result, there was modification, of Norco #90 to #72 to attempt initiation of weaning process in the last UR decision. Therefore, the request for Norco 10/325mg #90 is not medically necessary.