

<b>Case Number:</b>	CM14-0066398		
<b>Date Assigned:</b>	07/11/2014	<b>Date of Injury:</b>	08/25/2003
<b>Decision Date:</b>	08/18/2014	<b>UR Denial Date:</b>	04/12/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/09/2014

### 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 Anesthesiologist and has a subspecialty in Pain Medicine and is licensed to practice in Florida. 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 49-year-old male who reported an injury on 08/25/2003. The diagnoses included neuralgia and neuritis NOS. The documentation indicated the injured worker was utilizing opiates as of at least 06/2013. The mechanism of injury was the injured worker was performing a job at a company and was behind a door and looking up when an employee opened the door vigorously and the injured worker was struck in the back of the head. The injured worker was a fire inspector at the time. The documentation of 04/29/2014 revealed an appeal for medications. The documentation indicated the injured worker was CURES appropriate. The injured worker's urine toxicology screen was within normal limits. The diagnoses included occipital neuralgia, headaches/facial pain, and postconcussion syndrome. The treatment plan included Norco 5/325 mg.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 5.325mg #21:** Upheld

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

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

**Decision rationale:** The California MTUS Guidelines recommend opioids for the treatment of chronic pain. There should be documentation of objective functional improvement and documentation the injured worker is being monitored for aberrant drug behavior and side effects. There should be documentation of objective functional improvement and documentation of objective decrease in pain. The clinical documentation indicated the injured worker had been utilizing the medication since at least mid 2013. There was a lack of documentation of the above criteria. The request as submitted failed to indicate the frequency for the requested medication. Given the above, the request for Norco 5/325 mg #21 is not medically necessary.