

<b>Case Number:</b>	CM14-0072421		
<b>Date Assigned:</b>	07/16/2014	<b>Date of Injury:</b>	10/14/2004
<b>Decision Date:</b>	09/18/2014	<b>UR Denial Date:</b>	05/09/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/19/2014

### 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 Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in Tennessee. 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 52-year-old female with a date of injury of 10/14/04. The mechanism of injury was not noted. On 3/31/14, her pain level was 6/10 and she had good results with a piriformis injection. Objective findings stated decreased sensation RLE, and myofacial pain. The diagnostic impression is lumbar discogenic syndrome, myofacial pain, lumbosacral or thoracic neuritis or radiculitis, and chronic pain. Treatment to date: TENS Unit, chiropractic therapy, acupuncture therapy, physical therapy, home exercise program, medication management. A UR decision dated 5/9/14 denied the request for Norco 10/325mg #70. The Norco was denied because there was no information in the file that would indicate that the patient has derived significant benefit with her Norco. The notes provided for review do not indicate that there was significant improvement in pain, either subjectively or objectively. There is no information regarding functional improvement, etc. There was no information available about recent drug testing, side effects, or aberrant behavior.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 10/325mg #70 Qty: 1.00:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

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

**Decision rationale:** CA 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 is no documentation of functional improvement or continued analgesia with the use of opiates. There is no documentation of lack of adverse side effects or aberrant behavior. There is no documentation of a CURES Report or an opiate pain contract. Therefore, the request for Norco 10/325mg #70 Qty: 1 is not medically necessary.