

<b>Case Number:</b>	CM14-0077289		
<b>Date Assigned:</b>	07/18/2014	<b>Date of Injury:</b>	09/29/2011
<b>Decision Date:</b>	09/18/2014	<b>UR Denial Date:</b>	05/01/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/27/2014

### 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 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 44-year-old female with a date of injury of 9/29/11. The mechanism of injury occurred when the patient slipped and fell. There was noted a urine drug screen dated 11/2013 that was inconsistent for Norco. On 4/16/14, she complained of a stabbing, aching pain in her neck and mid scapular area with burning. She had achiness and burning in her mid and low back. She has stabbing, tingling type of feeling in her right arm with numbness in her fingertips. She has achiness in her left arm and in the posterior aspect of her legs near her knees with a numb, stabbing feeling in her feet. It was noted that the Norco 10/325mg #180 is a six week supply. On exam there was tenderness to palpation of her cervical paraspinals and in her bilateral trapezial area. There was restricted range of motion in the cervical area, and lumbar spine. The diagnostic impression is lumbar degenerative disc disease, chronic low back pain, cervical pain, lumbar discogenic pain, right shoulder pain, and depression. Treatment to date: cognitive behavioral therapy (CBT), medication management. A UR decision dated 5/1/14 denied the request for Norco 10/325mg #180. The request for Norco does not meet the criteria of the CA MTUS for ongoing prescribing of opioids. Medical necessity is not established for this opioid medication based on the available information.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 10/325 mg #180:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

**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 CURES Report or an opiate pain contract noted. In addition, there was a urine drug screen (UDS) dated 11/2013 that was inconsistent based on the declared prescriptions. It was also noted in the notes of 4/16/14, that the #180 tablets of Norco is for a 6 week supply and there was no explanation for this given versus a 1 month supply. Therefore, the request for Norco 10/325mg #180 was not medically necessary.