

<b>Case Number:</b>	CM14-0083083		
<b>Date Assigned:</b>	07/21/2014	<b>Date of Injury:</b>	11/14/2013
<b>Decision Date:</b>	09/22/2014	<b>UR Denial Date:</b>	05/18/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/04/2014

### 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 and Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in Texas and Ohio. 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 27-year-old male who reported an injury on 11/14/2013. The mechanism of injury was a motor vehicle incident. Diagnosis was whiplash injury to the neck and back aggravated by his physical therapy treatment program. Past treatments include medication, physical therapy, traction, acupuncture, epidural injections, trigger point injections and diagnostic testing. Surgical history was not provided. In 05/2014, the injured worker was seen for neck, back, and left shoulder pain. The injured worker received neck and head physical therapy. He did not receive low back and left shoulder therapy. Injured worker was not treated per the provider's request. He had a previous MRI and the provider would like to order a new one. The treatment plan was to do an MRI scan at the cervical spine. The injured worker underwent traction and physical therapy and now stated his neck was tighter, stiffer, and he had tingling and numbness traveling into his right arm and hand. On previous MRI, the injured worker had a 3 mm disc out of place in the mid cervical spine. The request is for prescription of Norco 10/325 mg #60. The rationale was not provided. The Request for Authorization was dated 05/12/2014.

### 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 #60: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Hydrocodone (Norco).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use Page(s): 78.

**Decision rationale:** MTUS Guidelines state that Norco/ Hydrocodone/Acetaminophen is a short-acting opioid, which is an effective method in controlling chronic, intermittent or breakthrough pain. The guidelines recognize four domains that have been proposed as most relevant for ongoing monitoring of chronic pain injured workers on opioids: pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non-adherent) drug-related behaviors. Norco has been prescribed since 11/2013. There is lack of evidence of the effectiveness and improving function or reducing of pain. The injured worker's pain has been constant. The guidelines do not recommend opioids as a first line drug and should only be prescribed after other analgesic drugs have been tried. The guidelines also do not recommend continued opiate use unless there is reduced pain and improved function or a return to work. There is lack of documentation of pain relief, side effects, physical and psychosocial functioning. There is lack of documentation as to any aberrant drug behavior. There is lack of frequency noted on the request. As such, the request is not medically necessary.