

<b>Case Number:</b>	CM14-0092382		
<b>Date Assigned:</b>	09/12/2014	<b>Date of Injury:</b>	11/10/2006
<b>Decision Date:</b>	11/18/2014	<b>UR Denial Date:</b>	05/28/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/18/2014

### 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 Osteopathic and Family 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:

The patient is a 61-year-old retired male with a reported dated of injury on 11/10/06. He is diagnosed with cervical and lumbar radiculopathy. He was seen on 5/5/14 for neck, back, and right knee pain. He takes 2-3 Norco per day depending on his activity level. He takes Baclofen and Mobic. The combination of medication is what helps to allow him to be functional. He has tried and failed cervical and lumbar ESI. He has had 2 sessions of acupuncture which were helpful but further sessions were denied. PT was denied. Chiropractic was ineffective. He reports that if his medications are completely taken away he will be nonfunctional. He has been seen by the AME on two separate occasions at which time MRI of the neck and back were requested and were denied. Therefore, the AME has suggested continued pain management since he is not being afforded the opportunity to try to treat the source of his pain by other means. Without pain medications pain is rated 9/10 and with medications pain is reduced to 4/10. His current medications include Ativan, Restoril, Amitriptyline, Flector patch, Baclofen, Mobic and Norco 10/325 mg one three times a day PRN, #90. The patient has received approval for Norco to wean off over three month as there was no reference to functional improvement or reference to work status. The report notes the patient retired after 30 years. He takes 2- 3 Norco per day as needed to allow him to be functional through the day with activities such as laundry, food prep, stretching and swimming. He has long-term improvement on the Norco allowing him overall improved function in his ADLs. He is unable to do the heavy lifting that is job required. A wean is not recommended nor warranted for Norco. The medications allow him to be active within his daily life without adverse side effects. UDS and CURES are consistent. He has a narcotic agreement on file. There is no evidence of impairment, abuse, diversion or hoarding. UR was performed on 5/28/14 and recommendation was to modify the appeal for weaning of Norco

to allow the patient weaning over a three month period as recommended by the prior peer reviewer.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Norco 10/325 mg #90 with 1 refill:** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-96.

**Decision rationale:** The patient is taking Norco 10/325 mg up to three per day PRN (as needed). The medical records indicate subjective and objective functional improvement with the use of medications. The patient has failed interventional pain management procedures. There is no evidence of abuse. UDS and CURES have been consistent. Given these factors and given the low MED, the request for Norco 10/325 mg #90 is supported.