

<b>Case Number:</b>	CM13-0059274		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	09/05/2010
<b>Decision Date:</b>	04/16/2015	<b>UR Denial Date:</b>	11/21/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/02/2013

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: Florida

Certification(s)/Specialty: Anesthesiology, Pain Management

### 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 46-year-old female who reported injury on 09/05/2010. The mechanism of injury was not provided. The patient was noted to be taking opiates since 01/2013. The documentation of 11/13/2013 revealed the patient had a high pain level and was not getting adequate pain relief from her medications. The patient's current medications were noted to include Percocet 10/325, OxyContin 30 mg, and Soma 350 mg. The patient's diagnoses were noted to include cervical spine strain, lumbago, cervical DDD, bulging lumbar disc, lumbar facet arthropathy and cervicalgia. The request was made for Norco 10/325 one twice a day for breakthrough pain.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 10/325mg #60, one (1) tablet twice a day: 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, Ongoing Management Page(s): 60 and 78.

**Decision rationale:** California MTUS guidelines recommend opiates for chronic pain. There should be documentation of an objective improvement in function, objective decrease in the VAS score, and evidence that the patient is being monitored for aberrant drug behavior and side effects. It further recommends that dosing of opioids not exceed 120 mg oral morphine equivalents per day, and for patients taking more than one opioid, the morphine equivalent doses of the different opioids must be added together to determine the cumulative dose. Clinical documentation submitted for review indicated the patient had been taking opiates since 01/2013. There was a lack of documentation including the above criterion. The patient was having increased pain and the patient was noted to be taking OxyContin extended release 30 mg, 1 every 8 hours and Percocet oral tablets 10/325 one 4 times a day as needed. The medication that was added was noted to be Norco 10/325 for breakthrough pain, however, given that the patient was having increased pain with 2 opiates, there was a lack of rationale for adding another opiate. Additionally, without the additional Norco, the patient's oral morphine equivalents would be 175 mg, which exceeds guideline recommendations. With the additional medication, it would further exceed recommendations by 20mg more. Given the above, the request for Norco 10/325 #60 one tablet twice a day is not medically necessary or appropriate.