

<b>Case Number:</b>	CM14-0186258		
<b>Date Assigned:</b>	11/14/2014	<b>Date of Injury:</b>	07/23/2014
<b>Decision Date:</b>	01/02/2015	<b>UR Denial Date:</b>	10/30/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/08/2014

### 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 Internal Medicine and is licensed to practice in Maryland. 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 case involves a 32 year old male who had a work place injury on 07/23/14 after sustaining a fall while lifting a heavy piece of concrete. His x-ray of lumbar spine showed subtle facet sclerosis without facet hypertrophy. His diagnoses included lumbosacral strain with radiculopathy, thoracic strain, cervical strain, chest contusion/strain and left groin strain. His prior treatment included physical therapy, activity modifications and medications. The progress note from 11/7/14 was reviewed. He was currently unemployed. His pain level was 8/10. His diagnoses included lumbosacral sprain/strain, thoracic and cervical sprain/strain and contusion of chest wall. His medications including Norco, Tramadol, Fenoprofen, Cyclobenzaprine and Omeprazole were continued. This request for authorization is for Norco tab 10-325mg 1tab QHS #30.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco tab 10-325mg 1 tab QHS #30:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Drug Testing, Opioids, Functional Improvement Measures Page(s): 43. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Opioids for Chronic Pain

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines On-going management, Opioids Page(s): 78.

**Decision rationale:** According to MTUS Chronic Pain Guidelines, four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on Opioids: pain relief, adverse effects, physical and psychosocial functioning and potential aberrant behaviors. The employee was being treated for cervical, thoracic and lumbar sprain/strain. He was being treated with Tramadol and Norco up to 40 MED/day. There was no documentation on how the medication improved the pain level or functional status. There is no recent urine drug screen or CURES report to address aberrant behavior. Given the lack of clear documentation on functional improvement, improvement of pain and lack of efforts to rule out unsafe usage, the criteria for continued use of Norco 10/325mg #30 have not been met. Therefore, this request is not medically necessary.