

<b>Case Number:</b>	CM14-0194221		
<b>Date Assigned:</b>	12/02/2014	<b>Date of Injury:</b>	02/08/2012
<b>Decision Date:</b>	01/14/2015	<b>UR Denial Date:</b>	10/24/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/20/2014

### 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 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 injured worker (IW) is a 43-year-old man with a date of injury of February 8, 2012. The mechanism of injury was not documented in the progress report. The current working diagnoses include chronic lumbar back pain; chronic bilateral lower extremity radicular symptoms; electrodiagnostic evidence for bilateral S1 radiculopathy; chronic thoracic myofascial pain; chronic cervical myofascial pain; chronic bilateral temporomandibular joint pain; chronic bilateral carpal tunnel syndrome; status post substance abuse in the past; hypertension; depression; bruxism; and obesity.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Prospective use of Norco 10/325mg #120:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

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

**Decision rationale:** Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Norco 10/325#120 is not medically necessary. Ongoing, chronic opiate abuse requires an ongoing review and documentation of pain relief, functional status, appropriate

medication use and side effects. Detailed pain assessments should accompany chronic opiate use. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function or improves quality of life. The lowest possible dose should be prescribed to improve pain and function. In this case, working diagnoses are chronic lumbar back pain; chronic bilateral lower extremity radicular symptoms; electrodiagnostic evidence for bilateral S1 radiculopathy; chronic thoracic myofascial pain; chronic cervical myofascial pain; chronic bilateral temporomandibular joint pain; chronic bilateral carpal syndrome; status post substance abuse in the past; hypertension; depression, bruxism; and obesity. In this case the date of injuries was February 8, 2012. The guidelines state failure to respond to a time-limited course of opiate treatment should lead to a reassessment and reconsideration of alternative therapy. The injured worker continues to complain of headaches, jaw pain and pain in the cervical, thoracic and lumbar spine, both wrists and both legs. He is still experiencing numbness and tingling in both hands. However there is no documentation of objective functional improvement/benefit regarding the use of opiates to date. Additionally, there is no risk assessment, urine drug testing, and attempts at weaning or tapering of the opiates in the medical record. Consequently absent the appropriate documentation, pain assessments and objective functional improvement with respect to opiate use, Norco 10/325#120 is not medically necessary.