

<b>Case Number:</b>	CM14-0194223		
<b>Date Assigned:</b>	12/02/2014	<b>Date of Injury:</b>	03/18/1998
<b>Decision Date:</b>	02/25/2015	<b>UR Denial Date:</b>	10/31/2014
<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. 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: Texas, Ohio, California

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

### 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic pain syndrome reportedly associated with an industrial injury of March 18, 1998. In a Utilization Review Report dated October 31, 2014, the claims administrator denied a request for Norco. The claims administrator noted that the applicant had a history of earlier anterior cervical discectomy and fusion surgery in 2001 and had also had unspecified amounts of physical therapy, manipulative therapy, and acupuncture over the course of the claim. An October 7, 2014 progress note was referenced in its determination. In a July 24, 2014 progress note, the applicant was described as off of work. Highly variable 7-9/10 pain was noted, constant, 24 hours a day, seven days a week. The applicant stated that her pain was impacting her quality of life. The applicant was described as "disabled" in several sections of the note. The applicant was receiving Social Security Disability Insurance benefits, it was further noted, and was, furthermore, concurrently using medical marijuana. The applicant was asked to employ Norco at a heightened dose.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 10/325mg #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids for Chronic Pain Page(s): 80.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines When to Discontinue Opioids, When to Continue Opioids Page(s): 79, 80.

**Decision rationale:** As noted on page 79 of the MTUS Chronic Pain Medical Treatment Guidelines, immediate discontinuation of opioids is suggested in applicants who demonstrate evidence of illegal activity, including usage of illicit drugs. Here, the applicant was/is using marijuana, an illicit substance. Discontinuing Norco appears to be a more appropriate option than continuing the same. It is further noted that the applicant seemingly failed to meet criteria set forth on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines for continuation of opioid therapy. Specifically, the applicant is off of work. The applicant is receiving Social Security Disability Insurance (SSDI) benefits in addition to Workers' Compensation indemnity benefits. The applicant continues to report pain complaints as high as 7-9/10, despite ongoing Norco usage. The attending provider has, furthermore, failed to outline any meaningful or material improvements in function achieved as a result of ongoing Norco usage. All of the foregoing, taken together, suggests that discontinuing Norco is a more appropriate option than continuing the same. Therefore, the request was not medically necessary.