

<b>Case Number:</b>	CM14-0194276		
<b>Date Assigned:</b>	12/02/2014	<b>Date of Injury:</b>	09/23/2005
<b>Decision Date:</b>	01/16/2015	<b>UR Denial Date:</b>	11/06/2014
<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 Orthopedic Surgeon, has a subspecialty in Spine Surgeon and is licensed to practice in Georgia & South Carolina. 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 is a 55-year-old male who reported an injury on 09/23/2005. The mechanism of injury was the injured worker was rolling a roller machine when a pipe broke and pushed pressure against his neck. The diagnoses includes neck pain, lumbar radiculopathy, prescription narcotic dependence, chronic pain syndrome, tension headaches, neuropathic pain, chronic pain with insomnia, chronic pain related depression, myofascial syndrome, chronic pain related to anxiety, and post-traumatic stress disorder. The injured worker complained of left shoulder pain, back pain, and bilateral leg pain. The injured worker rated his pain an 8/10 with medication and without medication rated his pain a +10/10 using the VAS. Medications included gabapentin 600 mg, Anaprox 550 mg, Gabardine, Percura, and Norco 10/325 mg. Diagnostics included an MRI that revealed a disc desiccation at the C2-3 down to the C7, with associated loss of disc height at the C5-6 and the C6-7. The C4-5 with a broad based disc herniation which causes stenosis of the spinal canal. Disc material also abuts the anterior aspect of the spinal cord. C7-T1 which degenerative grade 1 anterolisthesis at the C7 over the T1 vertebra without superimposed broad based disc herniation within the cause of the moderate stenosis of the spinal cord. There was no objective findings noted for the 10/23/2014 clinical notes. Past treatments included a urinalysis dated 10/08/2014. The treatment plan included Norco 10/325 mg refill. The Request for Authorization dated 11/14/2014 was submitted with documentation. Rationale for the Norco was not provided.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 10/325 MG #180:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines on Going Management Page(s): 78.

**Decision rationale:** The request for Norco 10/325 mg #180 is not medically necessary. The California MTUS Guidelines recommend short acting opioids such as Norco for controlling chronic pain. For ongoing management, there should be documentation of the 4 A's, including analgesia, activities of daily living, adverse side effects and aberrant drug-taking behavior. The activities of daily living were not addressed, adverse side effects were not addressed. The clinical notes also indicated that the injured worker has been taking the Norco for an extended time dating back to 2005 with the same complaints and same measurable pain functions of a 7/10 to 8/10. Showing no efficacy of the Norco. Additionally, the urinalysis dated 10/08/2014 showed positive results for hydromorphone; however, there was no documentation that the patient had been prescribed the hydromorphone. As such, the request for the Norco 10/325 mg #180 is not medically necessary.