

<b>Case Number:</b>	CM14-0199491		
<b>Date Assigned:</b>	12/09/2014	<b>Date of Injury:</b>	07/29/2010
<b>Decision Date:</b>	01/28/2015	<b>UR Denial Date:</b>	10/28/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/26/2014

### 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 Family Practice 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 is a thirty-year old male who sustained a work-related injury on July 29, 2010. The injured worker receives treatment for chronic neck and upper extremity pain and is opioid dependent. The patient takes Norco 10/325 five to seven times per day for pain and the patient reports a 65-70% reduction in pain. On examination, the injured worker had tenderness to palpation of the bilateral cervical thoracic region. The provider recommended intra-articular facet joint injections, in the hope that the dose of Norco could then be reduced. A request for Norco 10-325 mg #210 was modified in Utilization Review (UR) on October 28, 2014 to Norco 10/325 mg #180 for the purposes of weaning the medication. The UR physician determined that upon review of the clinical documentation, the injured worker had been using opiates on a chronic basis, which is not supported by the guidelines and the chronic use of opiates has not resulted in the returning to work. The UR physician utilized the California MTUS Chronic Pain Treatment Guidelines and the Official Disability Guidelines in the determination. A request for independent medical review (IMR) was initiated on November 26, 2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco tab 10-325mg #210 take 1 po every 3-4 hours not to exceed 7 per day: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines When to Continue Opioids. Decision based on Non-MTUS Citation Official Disability Guidelines: Pain Chapter

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids for chronic pain Page(s): 80-82.

**Decision rationale:** This patient receives treatment for chronic neck and upper extremity pain. The patient has become opioid dependent, exhibits opioid tolerance, and may be exhibiting hyperalgesia, which are all associated with long-term opioid treatment. Opioids are not recommended for the long-term management of chronic pain, because clinical studies fail to show either adequate pain control or a return to function, when treatment relies on opioid therapy. The documentation fails to document a quantitative assessment of return to function. The documentation does state that the patient has been unable to return to work since July 2010. Based on the documentation treatment with Norco is not medically indicated.