

<b>Case Number:</b>	CM14-0205925		
<b>Date Assigned:</b>	12/18/2014	<b>Date of Injury:</b>	05/16/2003
<b>Decision Date:</b>	02/11/2015	<b>UR Denial Date:</b>	11/14/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/09/2014

### 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 Preventive Medicine, has a subspecialty in Occupational Medicine and is licensed to practice in Texas. 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 59 year old male who was injured at work on 05/16/2013. The office visit note of 11/04/14 reported he complained of persistent low back pain and neck pain. Pain medication helps with his overall pain, but does not help with the neck pain. The pain medication decreases his pain from 7/10 to 4/10; the pain medication helps him to be more active and helps with his household chores. He has been complaint with his monitoring abuse, and he has a pain contract. The physical examination revealed slight decrease in his range of motion, increased pain with rotation to the right, mild to moderate paraspinal tenderness to palpation of the cervical pain. The worker has been diagnosed of Low back pain status post discectomy at L3-L4, L4-L5 and L5-S1 in 2004; bilateral shoulder pain, status post arthroscopic surgery left shoulder; Neck pain, Right elbow pain; right knee pain. Treatments have included Acupuncture, Cervical epidural steroids, H-wave unit, physical therapy, Lexapro(discontinued due to lack of benefit), Wellbutrin (to stop smoking) Norco, Relafen, and Flexeril. At dispute is the request for Norco 10/325mg #360.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 10/325mg #360:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids  
Page(s): 78-80.

**Decision rationale:** The injured worker sustained a work related injury on 05/16/2013. The medical records provided indicate the diagnosis of Low back pain status post discectomy at L3-L4, L4-L5 and L5-S1 in 2004; bilateral shoulder pain, status post arthroscopic surgery left shoulder; Neck pain, Right elbow pain; right knee pain. Treatments have included Acupuncture, Cervical epidural steroids, H-wave unit, physical therapy, Lexapro(discontinued due to lack of benefit), Wellbutrin (to stop smoking) Norco, Relafen, and Flexeril. The medical records provided for review do not indicate a medical necessity for Norco 10/325mg #360. The record indicates the injured worker has a history of opioid addiction; he has been using opioids for long time as a result of which an earlier Independent Medical Review determined the request for Norco was not medically necessary. As at that time the reviewed noted there was no goal set and determination to meet a certain goal, and there was no proper monitoring. The records indicate the injured worker is being monitored and has an opioid contract, but the records indicate the prescriber has continued to prescribe the opioids even when there was no documented evidence of benefit. The office records of 08/21/2014, 10/07/14 and 11/04/14 noted the medication decreases his pain from 7/10 to 4/10. This suggested the pain has remained at that level. The only documented improvement in function is that he is able to carry on with his household chores. The MTUS states that most studies on chronic use of opioids have been limited to 70 days; but the records indicate the injured worker has been using this medication for at more than a year. Also, the MTUS recommends referral if the pain does not improve within three months discontinuing opioids; and to discontinue treatment with opioids if there is no overall improvement in function, unless there are extenuating. Therefore, the requested treatment is not medically necessary and appropriate.