

<b>Case Number:</b>	CM15-0003719		
<b>Date Assigned:</b>	01/14/2015	<b>Date of Injury:</b>	08/21/2013
<b>Decision Date:</b>	04/06/2015	<b>UR Denial Date:</b>	12/26/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/08/2015

### 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: California, Washington

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

### 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 60-year-old male who reported an injury on 08/21/2013 due to carrying 2 heavy cans of paint. The injured worker reportedly sustained an injury to his low back. The injured worker's treatment history included multiple medications, physical therapy, and activity modifications. The injured worker was evaluated on 10/22/2014. It was noted that the injured worker's medications included Motrin 800 mg, lisinopril, a sleeping pill, Norco 10/325 mg, and Ambien 10 mg. The injured worker's diagnoses included left eye with decreased visual acuity, worsening left sided vision, and complaints of left sided hearing loss. No objective clinical findings were submitted for that appointment. The injured worker's treatment plan included continuation of current medications and a follow up specialist for consultations. A Request for Authorization was submitted to support the request.

### IMR ISSUES, DECISIONS AND RATIONALES

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

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

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, On-Going Management Page(s): 78. Decision based on Non-MTUS Citation N/A.

**Decision rationale:** The requested Norco 10/325 #180 is not medically necessary or appropriate. The California Medical Treatment Utilization Schedule recommends the ongoing use of opioids in the management of chronic pain be supported by documented functional benefit, managed side effects, functional benefit, and evidence that the injured worker is monitored for aberrant behavior. The clinical documentation submitted for review does indicate that the injured worker is monitored for aberrant behavior. The clinical documentation indicates that the injured worker has been on this medication since at least 01/2013. However, no functional benefit or adequate pain relief resulting from the use of this medication is provided. Furthermore, the request as it is submitted does not clearly identify a frequency of treatment. In the absence of this information, the appropriateness of the request itself cannot be determined. As such, the requested medication Norco 10/325#180 is not medically necessary or appropriate.