

<b>Case Number:</b>	CM15-0109338		
<b>Date Assigned:</b>	06/15/2015	<b>Date of Injury:</b>	10/29/2009
<b>Decision Date:</b>	07/16/2015	<b>UR Denial Date:</b>	05/06/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/05/2015

### 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: Texas, Florida

Certification(s)/Specialty: Anesthesiology, 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 27 year old female injured worker suffered an industrial injury on 10/29/2009. The diagnoses included lumbar disc displacement, lumbosacral neuritis, headache and sprain of the neck. There are associated diagnoses of insomnia, anxiety disorder and depression. The MRI of the lumbar spine showed multilevel degenerative disc disease, disc bulges and facet arthropathy. The injured worker had been treated with medications. On 4/29/2015 the treating provider reported constant and severe pain in the entire neck, hips, back both legs and shoulders. He reported extreme insomnia, seizures, heightened anxiety, depression, muscle spasms and loss of concentration. On exam there was tenderness to the lumbar and cervical spine with gait impairment. She was dragging the right leg. The treatment plan included Norco. The medications listed are Xanax, Norco, Tizanidine and Zofran There are multiple reports of Inconsistent UDS dated 11/12/2014, 2/4/2015, 4/1/2015 and 4/22/2015 that showed absence of prescribed hydrocodone but positive tests for non prescribed Oxycodone, tramadol and THC.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 10/325mg #120:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 115; 47-49, Chronic Pain Treatment Guidelines Page(s): 78, 80-82; 124.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2 Page(s): 42-43, 74-96. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter Opioids.

**Decision rationale:** The CA MTUS and the ODG guidelines recommend that opioids can be utilized for the treatment of exacerbation of musculoskeletal pain when standard treatment with NSAIDs, non-opioid co-analgesics and PT has failed. The chronic use of opioids can be associated with the development of tolerance, dependency, addiction, sedation and adverse interaction with other sedative agents. The guidelines recommend that patients with significant psychosomatic conditions be treated with anticonvulsant and antidepressant co-analgesic medications. The records did not show that the patient who is complaining of worsening of anxiety, depression and insomnia have failed treatments with co-analgesic medications. There are documentations of non compliance with inconsistent UDS reports and aberrant behaviors. There is exacerbation of symptoms without functional restoration despite chronic medications management. The criteria for the use of Norco 10/325mg #120 were not met.