

<b>Case Number:</b>	CM15-0018276		
<b>Date Assigned:</b>	02/06/2015	<b>Date of Injury:</b>	03/21/2003
<b>Decision Date:</b>	05/08/2015	<b>UR Denial Date:</b>	01/02/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/30/2015

### 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 50-year-old female who reported an injury on 03/21/2003. The mechanism of injury was not provided. The diagnosis included brachial neuritis or radiculitis NOS. The injured worker was noted to undergo epidural steroid injections. The injured worker had utilized opioids since at least 05/19/2014. The injured worker underwent urine drug screens. The documentation of 12/01/2014 revealed the injured worker was in the office for a pain medicine follow-up. The subjective complaints included neck pain, low back pain, and lower extremity pain. The injured worker's pain was noted to be 7/10 with medications and 9/10 without medications. The injured worker was noted to be status transforaminal epidural steroid injection. The injured worker received a Toradol injection that helped for 1 week. Areas of functional improvement with medication therapy included cleaning, doing laundry, shopping, and washing dishes. Physical examination revealed spasms in the lumbar spine and cervical spine. The diagnostic studies included an MRI of the right ankle. The injured worker underwent an MRI of the right ankle and nerve conduction studies of the lower extremities, as well as an MRI of the lumbar spine and cervical spine. The diagnoses included cervical radiculopathy and lumbar disc degeneration status post open reduction and internal fixation right knee surgery. The treatment plan included continuation of medications, duloxetine DR, ibuprofen 400 mg twice a day, Lyrica, and Norco 10/325 one every 6 to 8 hours. There was no Request for Authorization submitted for review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 10/325MG #110:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Hydrocodone/Acetaminophen, weaning of medications.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Medications for Chronic pain, ongoing management Page(s): 60,78.

**Decision rationale:** The California Medical Treatment Utilization Schedule Guidelines recommend opioids for the treatment of chronic pain. There should be documentation of objective functional improvement, an objective decrease in pain, and documentation the injured worker was being monitored for aberrant drug behavior and side effects. The clinical documentation submitted for review indicated the injured worker had objective functional benefit and had an objective decrease in pain. The documentation indicated the injured worker was being monitored for aberrant drug behavior and side effects. This medication would be supported. However, the request as submitted failed to indicate the frequency for the requested medication. Given the above, the request for Norco 10/325 mg #110 is not medically necessary.