

<b>Case Number:</b>	CM15-0134768		
<b>Date Assigned:</b>	07/23/2015	<b>Date of Injury:</b>	03/25/2008
<b>Decision Date:</b>	09/22/2015	<b>UR Denial Date:</b>	07/07/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/13/2015

### 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, North Carolina  
 Certification(s)/Specialty: Family Practice

### 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 53 year old female, who sustained an industrial injury on March 25, 2008. She reported neck pain, bilateral upper extremity pain, headaches, low back pain and bilateral lower extremity pain. The injured worker was diagnosed as having chronic pain, lumbar radiculopathy and depression. Treatment to date has included diagnostic studies, radiographic imaging, conservative care, medications and work restrictions. Currently, the injured worker complains of continued neck pain, bilateral upper extremity pain, headaches, low back pain and bilateral lower extremity pain. The injured worker reported an industrial injury in 2008, resulting in the above noted pain. She was treated conservatively without complete resolution of the pain. Evaluation on November 3, 2014, revealed continued pain as noted. She rated her pain using a visual analog scale from 1-10 with 10 being the worst at 6/10 with medications and 10/10 without medications. She reported limitations in activities of daily living, self-care, sexual activity, sleep, ambulation and hand function. It was noted she developed opioid tolerance due to long-term use. Weaning of Norco was discussed and started. She was to use Norco as needed only. Norco 10/325 mg every 4-6 hours as needed #140 was ordered. Evaluation on December 1, 2014, revealed continued pain unchanged since the previous visit. She rated her pain at 6/10 using the VAS with medications and 10/10 without medications. Norco 10/325 mg every 4-6 hours as needed #140 was ordered. Urinary drug screen from November 3, 2014, was inconsistent with expectations. Evaluation on April 20, 2015, revealed continued pain as noted. She rated her pain at 5 with medications and 10 without medications using the VAS scale. It was noted the weaning process in November through December was unsuccessful. Norco 10/325 mg

every 4-6 hours as needed #140 was ordered. Evaluation on May 18, 2015, revealed continued pain rated at 5 with medications and 10 without medications using the VAS scale. Norco was continued. Norco 10/325mg, #130 was requested.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Norco 10/325mg, #130:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 80, 88.

**Decision rationale:** Opioids are recommended by CA MTUS Guidelines for continuing use if certain criteria are met. Criteria include documented pain relief and improvement in functional capacity. In this case, opioid tolerance has developed in the past and weaning of Norco was attempted without success. The records show that the patient is also on Methadone, and no rationale is given for concomitant Norco and Methadone. The patient's pain and function are currently unchanged on her present opioid regime. She has been followed with urine drug screens, which have been inconsistent with expectations. Continuance of Norco is not supported without a reevaluation to determine treatment success and medical necessity of continuing long-term opioids. Therefore, the request is not medically necessary at this time.