

<b>Case Number:</b>	CM15-0135683		
<b>Date Assigned:</b>	07/24/2015	<b>Date of Injury:</b>	06/01/2014
<b>Decision Date:</b>	09/28/2015	<b>UR Denial Date:</b>	06/22/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/15/2015

### 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, Illinois

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

### 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 45 year old male who sustained an industrial injury on 6/1/14. The injured worker was diagnosed of right upper lip weakness, right maxillary distribution hypesthesia, cervical strain, post-traumatic headaches, right eye visual blurriness, right orbital medial wall fracture, right ear decrease hearing and depression secondary to chronic pain. Previous treatments included oral pain medication, oral non-steroidal anti-inflammatory drugs, physical therapy, selective serotonin reuptake inhibitor and benzodiazepines. Previous diagnostic studies included computed tomography and a magnetic resonance imaging. The injured work status was noted as temporary totally disabled. The injured workers pain level was noted as 3-5/10. Physical examination was notable for decreased facial sensation in maxillary region, right upper lip weakness, low back pain, paracervical muscles with noted muscle spasms, Spurling's sign positive on the right producing right sided trapezius and scapular pain. The plan of care was for Norco 5-325 milligrams quantity of 60.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 5-325mg bid prn pain flare-up count #60:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids  
Page(s): 78-88.

**Decision rationale:** The injured worker sustained a work related injury on 6/1/14. The medical records provided indicate the diagnosis of right upper lip weakness, right maxillary distribution hypesthesia, cervical strain, post-traumatic headaches, right eye visual blurriness, right orbital medial wall fracture, right ear decrease hearing and depression secondary to chronic pain. Previous treatments included oral pain medication, oral non-steroidal anti-inflammatory drugs, physical therapy, selective serotonin reuptake inhibitor and benzodiazepines. The medical records provided for review do not indicate a medical necessity for Norco 5-325mg bid prn pain flare-up count #60. The MTUS recommends the use of the lowest dose of opioids for the short-term treatment of moderate to severe pain. Also, the MTUS recommends that individuals on opioid maintenance treatment be monitored for analgesia (pain control), activities of daily living, adverse effects and aberrant behavior. Furthermore, the MTUS recommends discontinuation of opioid treatment if there is no documented evidence of overall improvement or if there is evidence of illegal activity or drug abuse or adverse effect with the opioid medication. The medical records indicate the injured worker has been taking this medication at least since 12/2014, but with no documented evidence of overall improvement as manifested in significant improvement of activities of daily living, reduction in work restrictions, and a reduction in the dependency on continued medical treatment. The medical records indicate the injured worker is not properly monitored for pain control, adverse effects, activities of daily living, and aberrant behavior. The request is not medically necessary.