

<b>Case Number:</b>	CM15-0138230		
<b>Date Assigned:</b>	07/28/2015	<b>Date of Injury:</b>	08/30/2011
<b>Decision Date:</b>	08/24/2015	<b>UR Denial Date:</b>	07/14/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/16/2015

### 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: Massachusetts

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 33-year-old female who sustained an industrial injury on 8/30/2011 resulting in headaches and pain in her upper and lower back. She was diagnosed with post-concussion syndrome and sprain or strain of the thoracic and lumbar regions. Documented treatment has included physical therapy which improved pain, and medication. The injured worker continues to report neck and upper back pain, and lower back pain, as well as frequent headaches. The treating physician's plan of care includes Norco 10-325mg. She has returned to work.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 10/325mg #90:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Hydrocodone/Acetaminophen, Criteria for use of opioids, Weaning of medications Page(s): 78-80, 91, 124.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines (1) Opioids, criteria for use, p 76-80 (2) Opioids, dosing, p 86 Page(s): 76-80, 86.

**Decision rationale:** The claimant sustained a work injury in August 2011 and continues to be treated for headaches and upper and lower back pain. When seen, she was having ongoing symptoms. No physical examination was recorded. Medications were refilled including Norco. A prior note references meloxicam as more effective than ibuprofen. She was taking Norco 2-3 times per day without adverse side effects. Norco (hydrocodone/acetaminophen) is a short acting combination opioid often used for intermittent or breakthrough pain. In this case, it is being prescribed as part of the claimant's ongoing management. Although there are no identified issues of abuse or addiction and the total MED is less than 120 mg per day, there is no documentation that this medication is providing decreased pain, increased level of function, or improved quality of life. Continued prescribing was not medically necessary. Therefore, the request is not medically necessary.