

<b>Case Number:</b>	CM15-0162867		
<b>Date Assigned:</b>	08/31/2015	<b>Date of Injury:</b>	05/16/2011
<b>Decision Date:</b>	10/15/2015	<b>UR Denial Date:</b>	08/12/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/19/2015

### 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

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 62 year old female, who sustained an industrial injury on 5-16-2011. She reported scapular, low back and bilateral thumb pain. The mechanism of injury is not clear. The injured worker was diagnosed as having low back pain, lumbar degenerative disc disease, lumbar facet joint pain, neck pain, cervical spondylosis, left thumb pain, left carpometacarpal degenerative joint disease, and chronic pain syndrome. Treatment to date has included medications, medical branch blocks (12-18-2013), H-wave. The request is for Norco. On 6-23-2015, she reported neck pain with radiation to the left upper trapezius, upper back and lower back pain. She also reported bilateral thumb pain. She rated her pain 9 out of 10 without medications, and 4 out of 10 with medications. She is indicated to be able to function well with medications. Her work status is restricted. The treatment plan included: Norco. On 7-23-2015, she reported right scapular and low back pain. She had last been seen on 6-23-2015. She also reported bilateral thumb pain. She rated her pain 10 out of 10 without medications and 4-5 out of 10 with medications. She denies numbness in her legs. She reported at times she has had to take more than 3 Norco per day when helping with her grandchildren. She is reported to have not reported adverse reactions to medications. Urine toxicology testing on 5-26-2015 was positive for hydrocodone and hydromorphone which is consistent with Norco. A CURES report was done on 7-21-15. Her work status is restricted. The treatment plan included: Norco.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**90 Tablets of Norco 10-325mg: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids for chronic pain.

**Decision rationale:** The Chronic Pain Medical Treatment Guidelines state that continued or long-term use of opioids should be based on documented pain relief and functional improvement or improved quality of life. Despite the long-term use of Norco, the patient has reported very little, if any, functional improvement or pain relief over the course of the last 6 months. A previous utilization review decision provided the patient with sufficient quantity of medication to be weaned slowly off of narcotic. 90 Tablets of Norco 10-325mg is not medically necessary.