

<b>Case Number:</b>	CM15-0167955		
<b>Date Assigned:</b>	09/08/2015	<b>Date of Injury:</b>	10/22/2010
<b>Decision Date:</b>	10/07/2015	<b>UR Denial Date:</b>	08/18/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/26/2015

### 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: Physical Medicine & Rehabilitation

### 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 female, who sustained an industrial injury on 10-22-2010. She reported mid back pain from lifting activity. The diagnoses included thoracic pain and thoracic degenerative disease. Treatment to date was not documented in the medical records submitted for this review. Currently, she complains of ongoing low back pain. Pain was rated 6 out of 10 VAS with medication and 10 out of 10 VAS without medication. The records indicated medication allowed her to work full time. On 8-3-15, the physical examination documented slow position changes from seated to standing with slight increase in pain. The plan of care included a prescriptions for Norco 5-325mg, one to two times daily #45 (to be dispensed 9-3-15 and to be dispensed 10-3-15).

### IMR ISSUES, DECISIONS AND RATIONALES

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

**3 prescriptions of Norco 5/325mg #45 (current, to be dispensed 09/03/15 and 10/03/15):**  
Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for Use, Ongoing Management.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, page(s) 74-96.

**Decision rationale:** Submitted documents show the patient with continued chronic symptoms, but is able to be functional and work. Per the MTUS Guidelines cited, opioid use in the setting of chronic, non-malignant, or neuropathic pain is controversial and opioids should be routinely monitored for signs of impairment and use of opioids in patients with chronic pain should be reserved for those with improved functional outcomes attributable to their use, in the context of an overall approach to pain management that also includes non-opioid analgesics, adjuvant therapies, psychological support, and active treatments (e.g., exercise). Additionally, MTUS provides requirements of the treating physician to assess and document for functional improvement with treatment intervention and maintenance of function that would otherwise deteriorate if not supported; however, the patient has persistent significant pain despite ongoing opioids without deterioration from denied treatment request. There is no evidence presented of random drug testing results or utilization of pain contract to adequately monitor for narcotic safety, efficacy, and compliance. From the submitted reports, there are no red-flag conditions, new injury, or indication that an attempt to taper or wean from the long-term use of the opiate has been trialed for this chronic injury. The 3 prescriptions of Norco 5/325mg #45 (current, to be dispensed 09/03/15 and 10/03/15) is not medically necessary and appropriate.