

<b>Case Number:</b>	CM15-0192778		
<b>Date Assigned:</b>	10/06/2015	<b>Date of Injury:</b>	07/29/2010
<b>Decision Date:</b>	11/13/2015	<b>UR Denial Date:</b>	09/10/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/30/2015

### 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:

This 31 year old male sustained an industrial injury on 7-29-10. Documentation indicated that the injured worker was receiving treatment for thoracic compression fractures with thoracic spine spondylosis, cervical spine degenerative disc disease with spondylosis and left upper extremity radiculopathy. The injured worker had recently been diagnosed with asthma. Previous treatment included thoracic radiofrequency ablation and medications. In PR-2's dated 8-15-14, 4-20-15, 5-20-15, 7-1-15 and 8-3-15, the injured worker complained of ongoing neck pain as well as intermittent arm, back and leg pain. The injured worker took 4 to 6 Norco per day. The injured worker was not working. In a PR-2 dated 8-15-14, the injured worker reported that he could sit, stand and walk for 60 minutes and perform activities of daily living and drive himself independently. In a PR-2 dated 9-1-15, the injured worker complained of ongoing cervical pain, particularly with flexion and extension. The physician noted that the injured worker continued to take Norco five times daily. Urine drug test from 8-3-15 was negative for all medications. The injured worker reported that this was because he was hospitalized for five days with an asthma attack. The injured worker could sit and stand for 60 to 90 minutes, walk for 60 minutes, perform activities of daily living independently and drive himself. Physical exam was remarkable for tenderness to palpation to the facet joint line, along the neck and left trapezius. The injured worker was alert, oriented and cognizant. The injured worker had been prescribed Norco since at least 8-15-14. The treatment plan included refilling Norco and requesting authorization for thoracic T1 to T3 bilateral radiofrequency ablation. On 9-10-15, Utilization Review noncertified a request for Norco 10-325mg #180 for 30 days MED 60.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco tab 10-325mg #180 for 30 days, med 60mg: Upheld**

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

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

**Decision rationale:** The MTUS Guidelines do not recommend the use of opioid pain medications, in general, for the management of chronic pain. There is guidance for the rare instance where opioids are needed in maintenance therapy, but the emphasis should remain on non-opioid pain medications and active therapy. Long-term use may be appropriate if the patient is showing measurable functional improvement and reduction in pain in the absence of non-compliance. Functional improvement is defined by either significant improvement in activities of daily living or a reduction in work restriction as measured during the history and physical exam. In this case, the injured worker has been taking Norco and other opioids for an extended period without significant functional improvements and he has not returned to work. A recent urine drug screen was inconsistent for opioid use. It is not recommended to discontinue opioid treatment abruptly, as weaning of medications is necessary to avoid withdrawal symptoms when opioids have been used chronically. This request however is not for a weaning treatment, but to continue treatment. The request for Norco tab 10-325mg #180 for 30 days, med 60mg is determined to not be medically necessary.