

<b>Case Number:</b>	CM15-0193121		
<b>Date Assigned:</b>	10/07/2015	<b>Date of Injury:</b>	07/28/2011
<b>Decision Date:</b>	11/13/2015	<b>UR Denial Date:</b>	09/05/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/01/2015

### 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: Montana, Oregon, Idaho  
 Certification(s)/Specialty: Orthopedic Surgery

### 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(n) 51 year old male, who sustained an industrial injury on 7-28-11. The injured worker was diagnosed as having status post head injury with skull, cheek and C3 fracture, status post 2-level cervical fusion in 2014, status post bilateral ulnar nerve release in 2013 and 2014, status post left wrist and multiple rib fracture and chronic migrainous headaches. Medical records (8-26-14 through 7-21-15) indicated neck pain and headaches every day and 7 out of 10 pain. The physical exam (8-26-14 through 7-21-15) revealed a positive Tinel's sign in the medial elbows, decreased cervical and shoulder range of motion and normal sensation. As of the PR2 dated 8-18-15, the injured worker reports persistent neck pain, headaches and left shoulder pain. He rates his pain 10 out of 10 without medications and 2-3 out of 10 pain with medications. The treating physician noted no significant change in the objective findings. Current medications include Zanaflex, Trazodone, Imitrex and Norco (since at least 7-21-15). Treatment to date has included physical therapy (from at least 8-19-15 through 9-10-15), psychiatric treatments, a left subacromial injection on 6-22-15 and Percocet. The treating physician requested Norco 10-325mg #120. The Utilization Review dated 9-5-15, non-certified the request for Norco 10-325mg #120.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 10/325mg #120:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use, Opioids, long-term assessment.

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

**Decision rationale:** According to the CA MTUS/Chronic Pain Medical Treatment Guidelines, page 80, opioids. A therapeutic trial of opioids should not be employed until the patient has failed a trial of non-opioid analgesics. Opioids may be continued if the patient has returned to work and the patient has improved functioning and pain. Guidelines recommend ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. The ODG-TWC pain section comments specifically on criteria for the use of drug screening for ongoing opioid treatment. Based upon the records reviewed there is insufficient evidence to support chronic use of narcotics. The worker was injured in 2011. The records indicate he has been treated with opioids since at least 7/21/15. There is lack of demonstrated functional improvement or increase in activity (he has not returned to work) from the exam note of 8/18/15. Therefore the request for additional Norco is not medically necessary.