

<b>Case Number:</b>	CM15-0197226		
<b>Date Assigned:</b>	10/12/2015	<b>Date of Injury:</b>	04/18/2011
<b>Decision Date:</b>	11/19/2015	<b>UR Denial Date:</b>	09/21/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/07/2015

### 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, Oregon, Washington  
 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:

This is a 39-year-old male with a date of industrial injury 4-18-2011. The medical records indicated the injured worker (IW) was treated for cervical and lumbar spine sprain and strain; lumbar spine radiculitis and radiculopathy; and right shoulder internal derangement. In the progress notes (6-9-15 and 7-9-15), the IW reported neck pain radiating to the bilateral shoulders and upper extremities and low back pain, mild to moderate, radiating to the bilateral lower extremities. The IW was taking Norco (since at least 2013), Ibuprofen, Neurontin and Prilosec. On examination (6-9-15 and 7-9-15 notes), there was tenderness to the cervical and lumbar paravertebral muscles and decreased, painful range of motion. Treatments included medication, epidural steroid injections, acupuncture and home exercise program. Toxicology reports dated 4-29-15, 7-13-15 and 8-20-15 were noted as "not consistent" with prescribed medications. The documentation did not include evidence of improved pain and function from the use of Norco. A Request for Authorization was received for Norco 10-325mg #120. The Utilization Review on 9-21-15 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 10/325 #120:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

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

**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. There is lack of demonstrated functional improvement, percentage of relief, demonstration of urine toxicology compliance or increase in activity from the exam note of 7/9/15. Therefore the determination is not medically necessary.