

<b>Case Number:</b>	CM15-0221846		
<b>Date Assigned:</b>	11/17/2015	<b>Date of Injury:</b>	05/22/1996
<b>Decision Date:</b>	12/30/2015	<b>UR Denial Date:</b>	11/05/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/11/2015

### 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 68 year old female who sustained an industrial injury on May 22, 1996. The worker is being treated for: status post cervical fusion, significant stenosis and anterolisthesis. Subjective: May 19, 2015 she reported complaint of neck and right shoulder pain described as a constant aching and it radiates down to the tailbone. September 2015 she complained of constant low back pain with radiculopathy into right leg. Objective: 2014 MRI cervical spine. Medication: May 2015: Vicodin, Zolpidem, Trazodone, Celebrex, Robaxin, Methocarbamol, Gabapentin, and Lidoderm patches. September 2015, October 22, 2015: Norco, Trazodone, Gabapentin, Omeprazole, Ondansetron, Oxybutynin, Sertraline, and Zolpidem. Treatment: pain management, DME cane to ambulate, heat application, May 2014 cervical facet injection noted with one week pain resole, RFA noted with previous denial, Jacuzzi, heating pad, medications. On October 29, 2015 a request was made for Norco 10mg 325mg #90 that was noncertified by Utilization Review on November 05, 2015.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 10/325mg #90 30day supply:** 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): Weaning of Medications, Opioids for chronic pain.

**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, there has been a long-term use of opioids without significant quantifiable pain relief or objective functional improvement. 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 10/325mg #90 30day supply is not medically necessary.