

<b>Case Number:</b>	CM15-0030986		
<b>Date Assigned:</b>	02/24/2015	<b>Date of Injury:</b>	01/29/2008
<b>Decision Date:</b>	04/10/2015	<b>UR Denial Date:</b>	02/03/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/19/2015

### 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: North Carolina, Georgia  
 Certification(s)/Specialty: Family Practice

### 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 54-year-old male with an industrial injury dated January 29, 2008. The injured worker diagnoses include carpal tunnel release, bilateral ulnar nerve release in 2008 and 2009, status post disk replacement at C5-C6 and C6-C7 March 2012, chronic low back pain, left shoulder pain, and cervical revision surgery on March 23, 2012 with disk replacement. He has been treated with diagnostic studies, radiographic imaging, prescribed medications and periodic follow up visits. According to the progress note dated 12/16/2014, the treating physician noted diminished range of motion of the cervical and lumbar spine with pain. The treating physician prescribed Norco tab 10-325mg (med 40). Utilization Review determination on February 3, 2015 denied the request for Norco tab 10-325mg (med 40), citing MTUS Guidelines.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco tab 10-325mg (med 40):** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 115.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Section 2 Page(s): 74-89.

**Decision rationale:** CA MTUS allows for the use of opioid medication, such as Norco, for the management of chronic pain and outlines clearly the documentation that would support the need for ongoing use of an opioid. These steps include documenting pain and functional improvement using validated measures at 6 months intervals, documenting the presence or absence of any adverse effects, documenting the efficacy of any other treatments and of any other medications used in pain treatment. The medical record in this case does use a validated method of recording the response of pain to the opioid medication and documents functional improvement. It does address the efficacy of concomitant medication therapy. Therefore, the record does support medical necessity of ongoing opioid therapy with Norco.