

<b>Case Number:</b>	CM15-0034650		
<b>Date Assigned:</b>	03/03/2015	<b>Date of Injury:</b>	06/12/2010
<b>Decision Date:</b>	04/08/2015	<b>UR Denial Date:</b>	02/06/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/24/2015

### 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: Ohio, North Carolina, Virginia  
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 62 year old male, who sustained an industrial injury on June 12, 2010. He has reported neck pain, shoulder pain, jaw pain, headache, and lower back pain. The diagnoses have included chronic neck pain secondary to cervical spine degenerative disc disease, cervicogenic headache, chronic lower back pain secondary to lumbosacral degenerative disc disease, Temporomandibular joint dysfunction, and left shoulder pain. Treatment to date has included medications, physical therapy, and home exercise. A progress note dated January 21, 2015 indicates a chief complaint of increasing neck pain, shoulder pain, and jaw pain. Physical examination showed slow ambulation and tenderness to palpation of the lumbar spine. The treating physician is requesting a prescription for Norco 10/325 mg x 150. On February 6, 2015 Utilization Review partially certified the request for Norco with an adjustment to one month only citing the California Medical Treatment Utilization Schedule. On February 24, 2015, the injured worker submitted an application for IMR of a request for a prescription for Norco 10/325 mg x 150.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 10/325 mg #150:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-96. Decision based on Non-MTUS Citation Official Disability Guidelines. Pain (Chronic) chapter. Urine drug testing section.

**Decision rationale:** Those prescribed opioids chronically should have ongoing assessment of pain relief, functionality, medication side effects, and any aberrant drug taking behavior. Questions regarding pain should be quantified and include least pain, average pain, worst pain, duration of analgesia, and time to onset of analgesia. Aberrant drug taking behavior should be screened for with an addiction risk profile, urine drug screening and pharmacy data base surveillance. Urine drug screening should occur at least annually and more often for those with risk factors for addiction including those with psychiatric disorders such as anxiety or depression. In this instance, the submitted medical record contains no quantification of pain with and without medication, no urine drug screening, and no pharmacy data base surveillance i.e. CURES. The injured worker is at least in a moderate addiction risk category as evidenced by his history of anxiety, DUI arrest in 2013, and amphetamine related hospitalization (per the medical record) in 1997. The available medical record therefore does not support current the current opioid prescription. Hence, Norco 10/325 mg #150 is not medically necessary in view of the submitted documentation and with reference to the cited guidelines. The treating physician should consult available opioid weaning guidelines.