

<b>Case Number:</b>	CM15-0040171		
<b>Date Assigned:</b>	03/10/2015	<b>Date of Injury:</b>	06/10/2013
<b>Decision Date:</b>	05/08/2015	<b>UR Denial Date:</b>	02/11/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/03/2015

### 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, Washington

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

### 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 51-year-old female who reported an injury on 06/10/2013. The mechanism of injury was not provided. Prior therapies included a medial branch block, a transforaminal epidural steroid injection, and physical therapy. The injured worker underwent an MRI of the cervical spine, thoracic spine, and lumbar spine. The injured worker was using opiates since at least 07/2014. The documentation of 01/26/2015 revealed the injured worker had pain going down her left leg and the compound cream was not covered for shoulder pain so she had not used it. The injured worker had an epidural steroid injection on 12/14/2014 with a 30% reduction in pain. The injured worker was working 40 hours per week. The medications included Norco 10/325 mg 1 to 2 tablets 3 times a day as needed for pain 30 day supply no refills. The physical examination revealed discomfort in the neck and low back with radiation to the left leg. The assessment was documented discogenic disease, repetitive injury on the right shoulder, cervical and lumbar spine and chronic headaches. The treatment plan included an ergonomic work station including keyboard and chair. There was no Request for Authorization submitted for review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 10/325 mg Qty 720:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids for chronic pain Page(s): 80-81.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Medications for Chronic pain, ongoing management Page(s): 60, 78.

**Decision rationale:** The California Medical Treatment Utilization Schedule Guidelines recommend opiates for the treatment of chronic pain. There should be documentation of objective functional improvement and an objective decrease in pain. The clinical documentation submitted for review indicated the injured worker was working. However, there was a lack of documentation of objective pain relief and documentation the injured worker was being monitored for aberrant drug behavior and side effects. Additionally, the request as submitted failed to indicate a frequency. There was a lack of documentation indicating a necessity for 720 tablets of medication. The documentation indicated the injured worker would utilize the medication 1 to 2 tablets 3 times a day, which would be up to 60 tablets, which would support the necessity for 180 tablets. 720 tablets would be extensive. Given the above, the request for Norco 10/325 mg qty 720 is not medically necessary.