

<b>Case Number:</b>	CM15-0056207		
<b>Date Assigned:</b>	04/29/2015	<b>Date of Injury:</b>	03/09/2004
<b>Decision Date:</b>	05/28/2015	<b>UR Denial Date:</b>	03/18/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/24/2015

### 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: California

Certification(s)/Specialty: Emergency 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 56 year old female, who sustained an industrial injury on 03/09/2004. She has reported subsequent neck, back and lower extremity pain and was diagnosed with chronic pain syndrome, degeneration of cervical and lumbar intervertebral disc and sacroilitis. Treatment to date has included oral pain medication, application of heat and ice, rest and a home exercise program. In a progress note dated 03/03/2015, the injured worker complained of low back, leg, neck and arm pain. Objective findings were notable for severe pain and spasm of the cervical, lumbar and thoracic spine and decreased range of motion of the cervical, lumbar and thoracic spine, shoulders and hips. A request for authorization of Norco refill was submitted.

### 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 120:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-95.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 76-79.

**Decision rationale:** Norco is acetaminophen and hydrocodone, an opioid. Patient has chronically been on an opioid pain medication. As per MTUS Chronic pain guidelines, documentation requires appropriate documentation of analgesia, activity of daily living, adverse events and aberrant behavior. Documentation fails criteria. Patient has documented decrease in pain but has no documentation of any objective functional improvement despite being on this opioid chronically. There is no long term plan of weaning or changing medication regiment for better pain control. Norco is not medically necessary.