

<b>Case Number:</b>	CM15-0084450		
<b>Date Assigned:</b>	05/06/2015	<b>Date of Injury:</b>	09/30/2013
<b>Decision Date:</b>	06/19/2015	<b>UR Denial Date:</b>	04/28/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/01/2015

### 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: Texas, Florida

Certification(s)/Specialty: Anesthesiology, 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:

This is a 55 year old female with a September 30, 2013 date of injury. A progress note dated April 13, 2015 documents subjective findings were continued lower back pain without lower extremity numbness, tingling or weakness. The objective findings were normal gait and arm swing without assistive devices and equal lower extremity strength. There was no documentation of musculoskeletal or neurological examination related to the back or lower extremity. The current diagnoses are cervical spondylosis with myelopathy; cervical spine stenosis; lumbosacral spondylosis without myelopathy. Treatments to date included medications such as Flexeril, Protonix, Voltaren, Norco and Ultram, physical therapy was noted to be unhelpful. Investigations were computed tomography of the lumbar spine. The treating physician documented a plan of care that included Norco.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco (Hydrocodone/APAP) 5/325 mg #180:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2 Page(s): 42-43, 74-96, 124. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter Opioids.

**Decision rationale:** The CA MTUS and the ODG guidelines recommend that opioids can be utilized for the short term treatment of exacerbation of musculoskeletal pain when standard treatments with NSAIDs and PT have failed. The chronic use of opioids can be associated with the development of tolerance, dependency, sedation, addiction and adverse interaction with other sedative medications. The records indicate that the patient is utilizing 2 short acting opioid-like medications. There is no documentation of guidelines mandated compliance monitoring of serial UDS, absence of aberrant behavior and functional restoration. The criteria for the use of Norco 5/325mg #180 was not met. The request is not medically necessary.