

<b>Case Number:</b>	CM15-0086353		
<b>Date Assigned:</b>	05/08/2015	<b>Date of Injury:</b>	04/05/2001
<b>Decision Date:</b>	06/09/2015	<b>UR Denial Date:</b>	04/29/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/05/2015

### 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 male, who sustained an industrial injury on 04/05/2001. According to a progress report dated 04/13/2015, the injured worker complained low back pain with no changes. Pain was described as aching. Pain level was not mentioned. His headaches had become less frequent and he did not need Fioricet as much in the past month. Pain medications were working effectively so that he was able to function and participate in self-care. He recently discontinued Robaxin and Neurontin. Diagnoses included radiculopathy and fibromyalgia/myositis. Treatment to date has included MRI, back surgery, medications and chiropractic care. Treatment plan included refill medication without change which included MS Contin and Norco. Records dated back to 11/05/2014 show that the injured worker has utilizing Norco and MS Contin at that time. Currently under review is the request for Norco.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 10/325mg #120:** Overturned

**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): 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 meets criteria. Patient has documentation of objective decrease in pain with decreased need for pain medications and noted improvement in function and ability to work. There is appropriate documentation of monitoring or abuse risk and side effects. Patient has chronic pain and pathology that is not going to suddenly improve. Patient is currently below maximum recommended daily dose of 120mg Morphine Equivalent Dose a day. Provider's plan to maintain medications with signs of improvement is appropriate. While weaning may be warranted in the near future, improvement in pain and function justifies continued opioid therapy at current levels in the near term. Norco is medically necessary.