

<b>Case Number:</b>	CM15-0089331		
<b>Date Assigned:</b>	05/13/2015	<b>Date of Injury:</b>	03/17/2009
<b>Decision Date:</b>	06/15/2015	<b>UR Denial Date:</b>	04/08/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/08/2015

### 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: Preventive Medicine, Occupational 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 63 year old male, who sustained an industrial injury on 3/17/09. The injured worker has complaints of neck and left upper extremity pain. The documentation noted that the injured worker guards his lumbar spine and cervical spine and that there is loss of lordotic curvature in the lumbar spine, which gives him a kyphotic position increasing the position of the cervical spine with loss of range of motion and pain. The diagnoses have included degenerative disc disease, cervical; degenerative disc disease, lumbar and carpal tunnel syndrome, right. Treatment to date has included Norco; magnetic resonance imaging (MRI) of the cervical spine dated 4/2/14 showed at C7-T1 a 1-2 millimeter disc bulge, no significant central or foraminal stenosis; electromyography/nerve conduction study dated 12/9/14 are consistent with possible chronic motor radiculopathy at left C6/7 and right carpal tunnel syndrome, moderate in severity. The request was for Norco 10/325mg #60.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 10/325mg #60:** 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): 78-80.

**Decision rationale:** MTUS Guidelines support the judicious use of opioids when there is meaningful pain relief, functional improvements and a lack of drug related aberrant behaviors. The Guidelines have fairly specific recommendations for documentation, but it is reasonable to apply the necessary level of documentation based on the frequency and amount utilized. The prescribing physician documents meaningful pain relief and improved activity levels with the fairly minimal use of Norco. As long as the use does not accelerate, the Norco 10/325mg #60 is supported by Guidelines and is medically necessary.