

<b>Case Number:</b>	CM14-0114820		
<b>Date Assigned:</b>	08/04/2014	<b>Date of Injury:</b>	10/27/2013
<b>Decision Date:</b>	11/13/2014	<b>UR Denial Date:</b>	07/01/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/21/2014

### 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. The expert reviewer is Board Certified in Geriatrics and is licensed to practice in New York. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 33 year old man with a date of injury of 10/27/13. He was seen by his primary treating physician on 6/9/14 noting no improvement with a functional restoration program. He had complaints of pain in his shoulders, cervical, thoracic and lumbar spine as well as headaches. His exam showed he walked with a non-antalgic gait. He had tenderness to palpation in his cervical, thoracic and lumbar paravertebral muscles and shoulders. He had 'patchy decreased sensation' in the upper extremities and no sensory deficit or motor weakness in his lower extremities. He had pain with range of motion of the cervical and lumbar spine. His diagnoses included closed head injury, cervical radicular syndrome, contusion and straining injury of cervical, thoracic and lumbar spine and cervical/thoracic/lumbar disc protrusion. Issue in this review is the prescription for norco. Length of prior therapy is not documented in the note.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 2.5 mg # 60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-80.

**Decision rationale:** This 33 year old injured worker has chronic back pain with an injury sustained in 2013. In opioid use, ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects is required. Satisfactory response to treatment may be reflected in decreased pain, increased level of function or improved quality of life. The MD visit of 6/14 fails to document any improvement in pain, functional status or a discussion of side effects to justify ongoing use. Additionally, the long-term efficacy of opioids for chronic back pain is unclear but appears limited. The norco is not medically substantiated.