MAXIMUS Federal Services

| Case Number: | CM14-0120044 | | |
|---|---|---|---|
| Date Assigned: | 08/06/2014 | Date of Injury: | 07/17/2011 |
| Decision Date: | 09/11/2014 | UR Denial Date: | 07/11/2014 |
| Priority: | Standard | Application Received: | 07/30/2014 |

## 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 Physical Medicine & Rehabilitation and is licensed to practice in California. 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 48-year-old female who reported an unknown injury on 07/17/2011. On 06/25/2014 her diagnoses included cervical spinal stenosis. Her complaints included constant severe pain in her neck rated at 6/10 to 7/10 radiating to her left shoulder and upper left arm. Her medications included Norco 10/325 mg, Soma 350 mg and Zoloft 50 mg. On 11/11/2013, it was noted that her medications were Norco 10/325 mg and Soma 350 mg. The rationale for the requested Norco was that she was taking it to relieve her pain. A Request for Authorization dated 05/09/2014 was included in this injured worker's chart.

## IMR ISSUES, DECISIONS AND RATIONALES

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

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

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

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

**Decision rationale:** The request for Norco 10/325 mg #120 is not medically necessary. The California MTUS Guidelines recommend ongoing review of opioid use including documentation of pain relief, functional status, appropriate medication use, and side effects. It should include

current pain, intensity of pain before and after taking the opioid, how long it takes for pain relief and how long the pain relief lasts. Satisfactory response to treatment may be indicated by decreased pain, increased level of function or improved quality of life. Information from family members or other caregivers should be considered in determining the patient's response to treatment. Opioids should be continued if the injured worker has returned to work or has improved functioning and decreased pain. In most cases, analgesic treatment should begin with acetaminophen, aspirin, NSAIDs, antidepressants and/or anticonvulsants. When these drugs do not satisfactorily reduce pain, opioids for moderate to moderately severe pain may be added to, but not substituted for the less efficacious drugs. Long term use may result in immunological or endocrine problems. There was no documentation in the submitted chart regarding appropriate long term monitoring evaluations, including psychosocial assessment, side effects, failed trials of NSAIDs, aspirin, antidepressants or anticonvulsants, quantified efficacy, drug screens or collateral contacts. Additionally, there was no frequency specified in the request. Therefore, this request for Norco 10/325 mg #120 is not medically necessary.