

<b>Case Number:</b>	CM14-0139336		
<b>Date Assigned:</b>	09/05/2014	<b>Date of Injury:</b>	01/14/2009
<b>Decision Date:</b>	10/14/2014	<b>UR Denial Date:</b>	08/22/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/28/2014

### 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 57-year-old male with a reported injury on 01/14/2009. The mechanism of injury was not provided. The injured worker's diagnosis included chronic pain syndrome. The injured worker's past treatments included medications. On the clinical note dated 08/07/2014, the injured worker complained of joint pain, muscle spasms, and sore muscles. The injured worker rated his pain without medications at 6/10 to 7/10 and rated his pain with medications at 2/10 to 3/10. The injured worker reported duration of relief to be 2 to 4 hours. The injured worker had noted side effects of high blood pressure, heartburn, and constipation. The injured worker's medications included Norco 10/325 mg 1 every 6 hours as needed for pain. The request was for Norco 1 by mouth 6 hours #120 with 3 refills. The rationale for the request was for pain. The Request for Authorization was submitted for review on 08/07/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 1 po 6h #120 with 3 refills:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioid Management, Page(s): 78..

**Decision rationale:** The request for Norco 1 by mouth 6 hours #120 with 3 refills is not medically necessary. The injured worker is diagnosed with chronic pain syndrome. The injured worker complains of joint pain, muscle spasms, and sore muscles. The injured worker rates his pain without medications at 6/10 to 7/10 and rates his pain with medications at 2/10 to 3/10. The California MTUS Guidelines recommend an ongoing review of medications with documentation of pain relief, functional status, appropriate medication use, and side effects. The guidelines also state a therapeutic trial of opioids should not be employed until the patient has failed a trial of non-opioid analgesics. There was a lack of documentation indicating a failure of non-opioid medications. The requesting physician did not provide documentation of an adequate and complete assessment of the injured worker's pain. The documentation did not include a recent urine drug screen. There is a lack of documentation indicating functional objective deficits. Additionally, the request does not indicate the dosage of the medication. As such, the request for Norco 1 by mouth 6 hours #120 with 3 refills is not medically necessary.