

<b>Case Number:</b>	CM14-0142120		
<b>Date Assigned:</b>	09/10/2014	<b>Date of Injury:</b>	12/09/2004
<b>Decision Date:</b>	10/10/2014	<b>UR Denial Date:</b>	07/31/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/02/2014

### 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 Family Medicine 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:

This injured workers date of injury is 12/09/2004. The medical records from the original injury were not provided for review. This patient receives treatment for chronic low back and neck pain. The patient has received physical therapy and epidural injections. The clinical diagnoses include lumbar spinal stenosis and cervical strain. The patient has been opioid dependent for chronic pain for years. On exam the gait is steady. There is tenderness in the neck. Head movements how limited range of motion (ROM). Tenderness in the lumbar and sacroiliac joints. Muscles are tight in both the cervical and lumbar regions.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 10/325mg #100:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for Use.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 80-82.

**Decision rationale:** This patient receives treatment for chronic neck and low back pain and has taken Norco for years. Norco 10/325 contains 10 mg of hydrocodone (an opioid) and acetaminophen 325 mg. Clinical guidelines for chronic pain and opioid use now recommend

focusing on outcomes measures, not just levels of pain and analgesia. Documentation ought to include: current pain, least reported pain, measures of functioning, appropriate medication use, and any side effects. Numerous recent studies on chronic opioid use reveal that opioids do not achieve outcome goals that include pain relief, improved quality of life, or improved functional capacity. Based on the documentation, Norco 10/325mg #100 is not medically necessary.