

<b>Case Number:</b>	CM14-0144443		
<b>Date Assigned:</b>	09/12/2014	<b>Date of Injury:</b>	11/01/2004
<b>Decision Date:</b>	10/15/2014	<b>UR Denial Date:</b>	08/29/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/05/2014

### 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 female who reported an injury of unknown mechanism on 11/01/2004. On 08/22/2014, her diagnoses included brachial radiculitis, cervicgia, malignant neoplasm of connective and other soft tissue site unspecified, thoracic outlet syndrome, injury of the elbow, pain in the elbow, sprain of the elbow and forearm, and degeneration of cervical intervertebral discs. Her complaints included increasing neck pain rated at 7/10 to 8/10. It was constant and radiated into both arms. Her pain was exacerbated by using a computer, prolonged driving, and repetitive upper body movements. Her pain was alleviated by rest and oral pain medications. She had previously attempted physical therapy, acupuncture, chiropractic treatment, home exercises, biofeedback, and massage therapy, all of which had provided minimal or temporary pain relief. Her medications included Vicodin 5/500 mg, Valium 5 mg, ibuprofen 200 mg, Wellbutrin 75 mg, Lamictal 100 mg, Celebrex 200 mg, and Norco 5/325 mg. Based on the submitted documentation, she had been using opioid medications since 03/26/2014. The urine drug screen dated 03/28/2014 was inconsistent with her prescribed medications. There was no evidence of Norco, Vicodin, or their metabolites. A Request for Authorization dated 08/20/2014 was included in her chart.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 5/325 mg, QTY: 30: Upheld**

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

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

**Decision rationale:** The request for Norco 5/325 mg, QTY: 30 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 and intensity of pain before and after taking the opioid. Satisfactory response to treatment may be indicated by decreased pain, increased level of function, or improved quality of life. The Guidelines further state that opioids should be discontinued if serious nonadherence is occurring. There was no followup urine drug screen submitted in the documentation to verify ongoing noncompliance with her prescribed medications. Additionally, there was no frequency of administration specified in the request. Since this injured worker was prescribed more than 1 opioid medication, without frequency, morphine equivalency dosage could not be calculated. Therefore, the request for Norco 5/325 mg, QTY: 30 is not medically necessary.