

<b>Case Number:</b>	CM14-0161556		
<b>Date Assigned:</b>	10/07/2014	<b>Date of Injury:</b>	12/15/2008
<b>Decision Date:</b>	11/03/2014	<b>UR Denial Date:</b>	09/25/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/01/2014

### 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 & Washington. 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 54-year-old female with a reported date of injury on 12/15/2008. The mechanism of injury was not listed in the records. The diagnoses included cervical disc degeneration and cervical spondylosis. There was no relevant diagnostic imaging studies provided for review. There was no relevant surgical history documented within the records. The subjective complaints on 01/23/2014 included severe neck pain. The physical exam noted tenderness over the cervical paraspinals and trapezius. There was also a decreased range of motion in the cervical spine. The medications included Ambien 10 mg, Zanaflex 4 mg, Norco 10/325 mg, Relafen 500 mg, Prilosec 20 mg, Zolof 25 mg, Flexeril 5 mg, Fioricet 50/325/40 mg, and Lorazepam 0.5 mg. The treatment plan was to continue and refill medications. A request was received for Norco 10/325 mg. The rationale for the request was to decrease the patient's pain. The Request for Authorization form was dated 02/03/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**S5000, Norco 10/325 mg:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 52-54, 76-80, 80-82, 94-95.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use, Page(s): 78.

**Decision rationale:** The California MTUS Guidelines state four domains that have been proposed as most relevant for monitoring of chronic pain patients on opioids. These include pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non-adherent) drug-related behaviors. The injured worker has chronic neck pain. There was not adequate documentation in the clinical notes submitted of quantified numerical pain relief, side effects, physical and psychosocial functioning, or aberrant behavior. Furthermore there was no current drug screen submitted to assess for aberrant behavior. Additionally the request as submitted did not provide a medication frequency. As adequate documentation was not submitted of quantified numerical pain relief, side effects, physical and psychosocial functioning, and aberrant behavior the request is not supported. As such, the request is not medically necessary.