MAXIMUS Federal Services

| Case Number: | CM14-0164209 | | |
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| Date Assigned: | 10/09/2014 | Date of Injury: | 08/09/2011 |
| Decision Date: | 11/04/2014 | UR Denial Date: | 08/29/2014 |
| Priority: | Standard | Application Received: | 10/06/2014 |

## 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, has a subspecialty in Family Practice and is licensed to practice in Ohio. 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 43-year old male who fell off a roof on 08-09-2011. He complains of low back pain and neck pain radiating into his right upper extremity. The physical exam shows no tenderness of the cervical spine and non-painful range of motion. The lumbar region reveals tenderness to palpation, normal range of motion, and a positive straight leg raise test. A lumbar MRI scan from 01-06-2012 revealed a stable L1 burst fracture with stable dorsal displacement and a healed L3 stress fracture. No cervical imaging results are discussed in the available record. The diagnoses are cervicalgia, lumbago, cervical myofascial pain syndrome, and insomnia. The injured worker was advised to have lumbar fusion surgery but he has refused that and any epidural steroid injection. He had been maintained on Norco 10/325 mg TID. This was increase to QID on 2-27-2014. The pain levels have been a constant 5/10 since 2-27-2014. There is no mention of changes in functionality. The injured worker has not returned to work. On 6-24-2014 the utilization reviewer allowed one refill of Norco 10/325mg, #120, for the purpose of weaning.

## 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 Page(s): 74-96.

**Decision rationale:** The referenced guidelines state that for those requiring chronic opioid therapy that there be ongoing assessment of pain relief, functionality, medication side effects, and any aberrant drug taking behavior. Opioids should be discontinued if there is no overall improvement in function, unless there are extenuating circumstances. In this instance, there appears to be no change in either pain levels or functionality as a consequence of the Norco. A previous approval for Norco 10/325 mg, #120, was provided for the purpose of weaning. However, it would seem that the treating physician has continued to prescribe the Norco in the same dosages and at the same frequency. Therefore, Norco 10/325mg #120 is not medically necessary.