

<b>Case Number:</b>	CM14-0082071		
<b>Date Assigned:</b>	07/21/2014	<b>Date of Injury:</b>	10/24/2007
<b>Decision Date:</b>	09/22/2014	<b>UR Denial Date:</b>	05/22/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/03/2014

### 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 Occupational 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 is a 63-year old male with a date of injury of 10/24/07. The mechanism of injury occurred to the head, right eye, internal system (shaking, equilibrium, and dizziness), and psyche resulting from a high velocity eye injury. DWC Form RFA dated 4/10/14 noted the request for Norco 10/325mg #60, 1 tablet every 6-8 hours as needed for pain. A urine drug screen (UDS) dated 4/10/14, showed an inconsistent use of the prescribed medication. The only progress report noted was dated 4/10/14. On 4/10/14, the patient was frustrated with his pain and treatment delays. He requests medications. He also stated that his vision was further deteriorating. On exam, the cervical spine was tender to palpation with restricted range of motion. The lumbar spine had no muscle spasms and restricted range of motion. The diagnostic impression is cervical spine strain/sprain, lumbar spine strain/sprain, bilateral lower extremities radiculopathy, and vision complaints. Treatment to date: medication management. A UR decision dated 5/22/14 denied the request for Norco 10/325mg. The Norco was denied because the documentation submitted did not provide evidence of the patient's pain and functional deficits on a numeric scale or by subjective complaints to support the need for pain medications at this time.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 10/325mg:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines  
Page(s): 78.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opiates Page(s): 78-81.

**Decision rationale:** CA MTUS Chronic Pain Medical Treatment Guidelines do not support ongoing opioid treatment unless prescriptions are from a single practitioner and are taken as directed; are prescribed at the lowest possible dose; and unless there is ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. However, there is no documentation of functional improvement or continued analgesia with the use of opiates. There is no documentation of lack of adverse side effects or aberrant behavior. There is no documentation of a CURES Report or an opiate pain contract. With a date of injury of 10/24/07, and the only progress report submitted was dated 4/10/14; it is unclear how long the patient has been on opiates. In addition, a UDS dated 4/10/14, showed an inconsistent result with the prescribed Norco medication. There was also no quantity specified, however, the RFA dated 4/10/14 showed Norco 10/325mg #60 as being requested. Therefore, the request for Norco 10/325mg is not medically necessary.