

<b>Case Number:</b>	CM14-0109170		
<b>Date Assigned:</b>	09/16/2014	<b>Date of Injury:</b>	06/07/2001
<b>Decision Date:</b>	06/22/2015	<b>UR Denial Date:</b>	07/02/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/14/2014

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 51 year old male, who sustained an industrial injury on 6/7/01. He has reported initial complaints of neck and back injury working as a truck driver. The diagnoses have included cervical strain, lumbar discogenic pain, and lumbar disc herniation. Treatment to date has included medications, diagnostics, activity modifications, heat, physical therapy and home exercise program (HEP). Currently, as per the physician progress note dated 6/10/14, the injured worker complains of persistent stabbing pain in the neck, back, shoulders, arms, waist, buttocks and legs. The pain is rated 8/10 on pain scale. He reports that his shoulders and arms continue to bother him especially with repetitive activities or overhead work. The physical exam reveals that the cervical spine has tenderness in the paraspinal musculature of the cervical and lumbar region. There is muscle spasm noted over the lumbar spine on the right. The cervical spine and lumbar spine range of motion is decreased. The injured worker is not working and work status is permanent and stationary. The current medications included Norco, Levothyroxine, Crestor and Tramadol. The physician noted that the injured worker is for re-fills on his medications and they have helped him in the past performing his activities of daily living (ADL) and they should be continued for his chronic pain condition. There is no urine drug screen reports noted in the records. The physician requested treatment included Norco 10/325MG #90 for chronic pain.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**NORCO 10/325MG #90:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, page(s) 74-96.

**Decision rationale:** Per the MTUS Guidelines cited, opioid use in the setting of chronic, non-malignant, or neuropathic pain is controversial. Patients on opioids should be routinely monitored for signs of impairment and use of opioids in patients with chronic pain should be reserved for those with improved functional outcomes attributable to their use, in the context of an overall approach to pain management that also includes non-opioid analgesics, adjuvant therapies, psychological support, and active treatments (e.g., exercise). Submitted documents show no evidence that the treating physician is prescribing opioids in accordance to change in pain relief, functional goals with demonstrated improvement in daily activities, decreased in medical utilization or change in functional status. There is no evidence presented of random drug testing or utilization of pain contract to adequately monitor for narcotic safety, efficacy, and compliance. The MTUS provides requirements of the treating physician to assess and document for functional improvement with treatment intervention and maintenance of function that would otherwise deteriorate if not supported. From the submitted reports, there is no demonstrated evidence of specific functional benefit derived from the continuing use of opioids with persistent severe pain for this chronic injury without acute flare, new injury, or progressive deterioration. The Norco 10/325MG #90 is not medically necessary and appropriate.