

<b>Case Number:</b>	CM14-0217254		
<b>Date Assigned:</b>	01/07/2015	<b>Date of Injury:</b>	08/24/2006
<b>Decision Date:</b>	02/28/2015	<b>UR Denial Date:</b>	12/23/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/29/2014

### 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: Iowa, Illinois, Hawaii

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, Public Health & Gen Prev Med

### 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 67 year old patient with date of injury of 08/24/2006. Medical records indicate the patient is undergoing treatment for L1 compression fracture, possible mild L2 compression fracture and multilevel lumbar facet disease. Subjective complaints include neck pain, stiffness and low back pain, pain rated 8/10 without medications, 3/10 with medications. Objective findings include vitals within normal limits. Treatment has consisted of Norco. The utilization review determination was rendered on 12/23/2014 recommending non-certification of Norco 10/325mg #120 + 1 post dated script.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 10/25mg #120 + 1 postdated script:** 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 based on Non-MTUS Citation Low Back - Lumbar & Thoracic (Acute & Chronic), Pain, Opioids

**Decision rationale:** The ODG does not recommend the use of opioids for neck, low back, and shoulder pain except for short use for severe cases, not to exceed 2 weeks. The patient has exceeded the 2 week recommended treatment length for opioid usage. The MTUS does not discourage use of opioids past 2 weeks, but does state that ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. While the treating physician documents subjective improvement, decreased pain and functionality per the patient, the treating physician does not fully document the least reported pain over the period since last assessment, and how long the patient receives pain relief from Norco. The patient was injured in 2006 and is well beyond the acute phase of injury. The continued use of opioids is not appropriate. As such, the question for Norco 10/25mg #120 + 1 postdated script is not medically necessary.