

<b>Case Number:</b>	CM14-0057294		
<b>Date Assigned:</b>	07/09/2014	<b>Date of Injury:</b>	02/24/2008
<b>Decision Date:</b>	02/25/2015	<b>UR Denial Date:</b>	04/24/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/28/2014

### 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: New Jersey  
 Certification(s)/Specialty: Family Practice

### 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 worker is a 35 year old female who was injured on 2/24/2008. She was diagnosed with headaches, lumbar degenerative disk disease, lumbar radiculopathy, cervical disk protrusions, cervical spinal stenosis, cervical facet arthropathy, carpal tunnel syndrome, status post L5-S1 laminectomy/discectomy '98, and slight right ulnar sensory neuropathy at wrist. She was treated with various medications, including Norco, which she has used chronically. She was also treated with cervical neck pillow, physical therapy, a functional restoration program, and cervical radiofrequency ablation neurotomy. On 4/11/14, the worker was seen by her primary treating physician reporting low back pain rated 7/10 on the pain scale and associated with radiation to her left buttock and leg/foot with numbness in her leg and foot. She reported difficulty controlling her pain. She did report, however, doing well with her neck and was having much less frequent and severe headaches. She reported constipation from the opioid use, but controlled with Colace, and no aberrant drug behavior. Physical findings included mild tenderness of the cervical paraspinals, moderate tenderness of the lumbosacral area, and decreased sensation of the L5 and S1 dermatomes. She was then recommended to undergo MRI (previously denied), use TENS (previously denied), and continue Gralise, Ambien, Norco, and Colace.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 10/325mg Tablet #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Use of Opioids; When to Discontinue Opioids; When to Continue Opio.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78-96.

**Decision rationale:** The MTUS Chronic Pain Medical Treatment Guidelines state that opioids may be considered for moderate to severe chronic pain as a secondary treatment, but require that for continued opioid use, there is to be ongoing review and documentation of pain relief, functional status, appropriate medication use with implementation of a signed opioid contract, drug screening (when appropriate), review of non-opioid means of pain control, using the lowest possible dose, making sure prescriptions are from a single practitioner and pharmacy, and side effects, as well as consultation with pain specialist if after 3 months unsuccessful with opioid use, all in order to improve function as criteria necessary to support the medical necessity of opioids. Long-term use and continuation of opioids requires this comprehensive review with documentation to justify continuation. In the case of this worker, there was continual use of Norco to help treat her chronic back and neck pain. Reports from previous office visits suggested that she experienced some functional improvements from her collective medication use, but no distinction was made regarding how much Norco alone provided functional improvements and which activities were improved with the chronic use. Solely from the pain reports, which remained elevated even with the Norco use, suggested that if there was benefit, it likely was minimal. Therefore, without more clear evidence of significant functional gains directly related to Norco use, it will be considered medically unnecessary to continue. Weaning may be necessary.