

<b>Case Number:</b>	CM15-0010840		
<b>Date Assigned:</b>	01/28/2015	<b>Date of Injury:</b>	12/23/2003
<b>Decision Date:</b>	03/23/2015	<b>UR Denial Date:</b>	01/10/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/20/2015

### 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: Texas, Illinois

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

### 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 71 year old female, who sustained an industrial injury on 12/23/03. She has reported pain in the neck and headaches. The diagnoses have included cervicalgia, displacement of cervical intervertebral disc and brachial neuritis. Treatment to date has included diagnostic studies, cervical epidural injections and oral medication. As of the PR2 dated 12/17/14, the injured worker reported pain in the neck and worsening headaches. She indicated that the epidural injections did not help the pain. The treating physician requested to continue current medications including Norco 10/325mg #90. On 1/10/15 Utilization Review non-certified a request Norco 10/325mg #90. The utilization review physician cited the MTUS guidelines for opioids. On 1/20/15, the injured worker submitted an application for IMR for review of Norco 10/325mg #90.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 10/325 mg #90:** Upheld

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

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

**Decision rationale:** The injured worker sustained a work related injury on 12/23/03. The medical records provided indicate the diagnosis of cervicalgia, displacement of cervical intervertebral disc and brachial neuritis. Treatment to date has included diagnostic studies, cervical epidural injections and oral medication. The medical records provided for review do not indicate a medical necessity for Norco 10/325 mg #90. The records indicates she has been taking the NORCO more often due to worsening headaches. The MTUS recommends against the use of Hydrocodone for treatment of headaheces. Also, the MTUS recommends to discontinue opioid if there is no overall improvement in function, unless there are extenuating circumstances; and continuing pain with the evidence of intolerable adverse effects. Furthermore, the although the MTUS recommends short term use of opioids for treatment of moderate to severe pain, the records indicate that despite being advised to gradually wean off it, she has continued to use the drug for at least two years.