

<b>Case Number:</b>	CM15-0014981		
<b>Date Assigned:</b>	02/02/2015	<b>Date of Injury:</b>	06/07/2013
<b>Decision Date:</b>	03/23/2015	<b>UR Denial Date:</b>	01/07/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/26/2015

### 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: California, Indiana, New York  
Certification(s)/Specialty: Internal 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 33 year old male, who sustained an industrial injury on June 7, 2013. The diagnoses have included shoulder sprain/strain, lumbar sprain/strain Achilles tendinitis, ankle impingement, planter fasciitis and ankle sprain/strain. A progress note dated December 11, 2014 provides the injured worker complains of left ankle pain improved after cortisone injection for a short period. Strength is 5/5 and reflexes are within normal limits. X-rays and magnetic resonance imaging (MRI) were reviewed. On January 7, 2015 utilization review non-certified a request for Norco 10/325 #90 The Medical Treatment Utilization Schedule (MTUS) Chronic Pain guidelines were utilized in the determination. Application for independent medical review (IMR) is dated January 15, 2015.

### IMR ISSUES, DECISIONS AND RATIONALES

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

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

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Specific Drug List; Opioids Criteria for Use; Weaning of.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opiates Page(s): 74-96. Decision based on Non-MTUS Citation Pain section, Opiates

**Decision rationale:** Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Norco 10/325 mg #90 is not medically necessary. Ongoing, chronic opiate use requires an ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. A detailed pain assessment should accompany ongoing opiate use. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function or improve quality of life. The lowest possible dose should be prescribed to improve pain and function. In this case, the injured worker's working diagnoses are lumbar sprain/strain; shoulder sprain/strain; ankle sprain; cervical sprain/strain; headache; and depression major. The documentation shows for Norco was first prescribed August 22, 2014. Documentation also notes the injured worker is taking a second opiate, tramadol 50 mg PO TID. There is no clinical rationale the medical records indicating why a second opiate is indicated. Additionally, the injured worker continues to complain of low back pain that radiates to the left lower extremity and neck pain that radiates to the shoulders. The VAS pain scale is 8/10. The documentation does not contain evidence of objective functional improvement. Consequently, absent clinical documentation with objective functional improvement in clinical indications/rationale for the use of a second opiate (tramadol), Norco 10/325 mg #90 is not medically necessary.