

<b>Case Number:</b>	CM15-0017677		
<b>Date Assigned:</b>	02/05/2015	<b>Date of Injury:</b>	03/06/2007
<b>Decision Date:</b>	03/25/2015	<b>UR Denial Date:</b>	01/09/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/29/2015

### 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 53 year old female, who sustained an industrial injury on 3/6/2007. She reports low back pain, cervical pain and carpal tunnel pain. Diagnoses include shoulder pain, low back pain and cervical pain. Treatments to date include physical therapy, chiropractic care and medication management. A progress note from the treating provider dated 12/19/2014 indicated the injured worker reported low back and neck pain. On 1/9/2015, Utilization Review non-certified the request for Norco 10/325mg #30, citing ACOEM and Official Disability Guidelines.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 10/325mg #30:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM, 3rd Edition 2010, Chronic Pain - Medication, Official Disability Guidelines (ODG), Chronic, Low Back Chapter, Online Version

**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 #30 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 shoulder pain; low back pain; and cervical pain. The injured worker has been taking Norco since June 13 of 2014. Norco was prescribed at 2 to 3 times daily. In the September 5, 2014 progress note, Norco was decreased to one tablet per day. In a December 19, 2014 progress note, the treating physician indicates the injured worker's pain has increased since last visit. The documentation shows subjective improvement, however, there is no evidence of objective functional improvement documented by the treating physician. There are no detailed pain assessments in the medical record. There are no risk assessments in the medical record. Consequently, absent clinical documentation with objective functional improvement as it relates to ongoing long-term opiate use, Norco 10/325 mg #30 is not medically necessary.