

<b>Case Number:</b>	CM15-0019654		
<b>Date Assigned:</b>	02/09/2015	<b>Date of Injury:</b>	02/28/2008
<b>Decision Date:</b>	03/25/2015	<b>UR Denial Date:</b>	01/26/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/02/2015

### 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, California  
 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:

This is a 51 year old male patient who sustained an industrial injury on February 28, 2008. The diagnose include cervicgia, cervical spondylosis without myelopathy and brachial neuritis/radiculitis. According to the primary treating physician's periodic progress report dated 12/4/2014, he had complaints of cervical and left upper extremity pain with associated numbness and paresthesia. Per the doctor's note dated 1/5/2014, he had complaints of pain in the neck, head and left arm with numbness in the left arm. He has had also mild depression, fatigue and difficulty sleeping. The current medications list includes Norco and Ibuprofen. He has had a magnetic resonance imaging (MRI) dated 12/2/2014 which revealed a small disc bulge at C5-6. He declined an epidural steroid injection (ESI) and a surgical referral at this office visit. He has had urine drug screen on 8/06/2014 which was negative for opiates; urine drug screen on 9/10/2014 which was positive for opiates and urine drug screen on 12/03/2014 which was positive for nordiazepam, Temazepam and Hydrocodone. The treating physician requested authorization for Norco 325/10 mg, one every 4 hours, no refills #90. On January 26, 2015 the Utilization Review denied certification for Norco 325/10 mg, one every 4 hours, no refills #90. Citations used in the decision process were the Medical Treatment Utilization Schedule (MTUS), Chronic Pain Guidelines.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 325/10 mg, one every 4 hours, no refills #90:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use: Page(s): 76-80.

**Decision rationale:** Norco 325/10 mg one every 4 hours, no refills #90 Norco contains Hydrocodone and acetaminophen. Hydrocodone is an opioid analgesic. According to CA MTUS guidelines, A therapeutic trial of opioids should not be employed until the patient has failed a trial of non-opioid analgesics. Before initiating therapy, the patient should set goals, and the continued use of opioids should be contingent on meeting these goals. The records provided do not specify that that patient has set goals regarding the use of opioid analgesic. A treatment failure with non-opioid analgesics is not specified in the records provided. Other criteria for ongoing management of opioids are: The lowest possible dose should be prescribed to improve pain and function, continuing review of the overall situation with regard to non opioid means of pain control. Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Consider the use of a urine drug screen to assess for the use or the presence of illegal drugs. The records provided do not provide a documentation of response in regards to pain control and objective functional improvement to opioid analgesic for this patient. The continued review of the overall situation with regard to non-opioid means of pain control is not documented in the records provided. As recommended by the cited guidelines a documentation of pain relief, functional status, appropriate medication use, and side effects should be maintained for ongoing management of opioid analgesic, these are not specified in the records provided. Response to lower potency opioids like tramadol is not specified in the records provided. Response to other medications for chronic pain like antidepressants or anticonvulsant is not specified in the records provided. He has had urine drug screen on 8/06/2014 which was negative for opiates; urine drug screen on 9/10/2014 which was positive for opiates and urine drug screen on 12/03/2014 which was positive for nordiazepam, Temazepam and Hydrocodone. With this, it is deemed that this patient does not meet criteria for ongoing use of opioids analgesic. The medical necessity of Norco 325/10 mg, one every 4 hours, no refills #90 is not established for this patient at this time.