

<b>Case Number:</b>	CM15-0115168		
<b>Date Assigned:</b>	06/23/2015	<b>Date of Injury:</b>	11/09/1998
<b>Decision Date:</b>	07/22/2015	<b>UR Denial Date:</b>	06/11/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/15/2015

### 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

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 57 year old male who sustained an industrial injury on 11/09/1998. Mechanism of injury occurred when was doing keyboard work and twisted to the right and felt a sharp pain. Diagnoses include chronic low back pain and neck pain, right side greater than left-sided neck pain with a history of cervical spine fusion surgery in 2000. Treatment to date has included medications, dorsal medial branch block to the cervical spine done on 03/06/2015 which relieved his pain. Current medications include Norco, Cymbalta, Prevacid and Ambien. A physician progress note dated 05/19/2015 documents the injured worker has complaints of neck and low back pain. He rates his pain as 7 out of 10, coming down to 3 out of 10. With his medications he is able to do activities of daily living and household chores, drive, work in the garden and take walks. He continues to have pinpoint tenderness to palpation over the right C4-C5 facet joints. He is not working. His treatment plan includes continuing on the Ambien, Cymbalta and Prevacid, and follow up in 1 month. Treatment requested is for Norco 10/325mg #120 no refills.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 10/325mg #120 no refills:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines  
Page(s): 78.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids  
Page(s): 78-80.

**Decision rationale:** MTUS Guidelines support the use of opioids if there use results in meaningful pain relief, support of function and there is a lack of drug related aberrant behaviors. These Guideline standards are met with this individual. There is reported to be significant pain relief, details of improved function are reported and no aberrant drug related behaviors are apparent. Under these circumstances, the Norco 10/325 mg #120 not refills is supported by Guidelines and is medically necessary.