

<b>Case Number:</b>	CM15-0116038		
<b>Date Assigned:</b>	06/24/2015	<b>Date of Injury:</b>	09/07/2009
<b>Decision Date:</b>	07/24/2015	<b>UR Denial Date:</b>	06/10/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/16/2015

### 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: Physical Medicine & Rehabilitation, Pain Management

### 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 46-year-old female, who sustained an industrial injury on 9/7/09. She has reported initial complaints of neck and back injuries. The diagnoses have included lumbago, bilateral lumbar facet joint pain, lumbar facet joint arthropathy, chronic neck pain, cervical facet joint pain, cervical facet joint arthropathy, left shoulder pain and depression. Treatment to date has included medications, activity modifications, diagnostics, aqua therapy, acupuncture and other modalities. Currently, as per the physician progress note dated 6/8/15, the injured worker complains of bilateral low back pain and bilateral neck pain. She is currently not working. The physical exam of the musculoskeletal spine reveals tenderness to palpation of the lumbar muscles, the cervical and lumbar ranges of motion are restricted by pain in all directions, lumbar extension is worse than lumbar flexion, cervical extension is worse than cervical flexion, and the pelvic rock is positive bilaterally. The current medications included Neurontin, MS Contin, Norco, Tramadol and Morphine. The urine drug screen dated 12/16/14 was consistent with the medications prescribed. The physician requested treatment included Norco 10/325mg #90 for pain.

### IMR ISSUES, DECISIONS AND RATIONALES

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

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

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Hydrocodone/Acetaminophen (Norco).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 75-80.

**Decision rationale:** Regarding the request for Norco (hydrocodone/acetaminophen), Chronic Pain Medical Treatment Guidelines state that Norco is an opiate pain medication. Due to high abuse potential, close follow-up is recommended with documentation of analgesic effect, objective functional improvement, side effects, and discussion regarding any aberrant use. Guidelines go on to recommend discontinuing opioids if there is no documentation of improved function and pain. Within the documentation available for review, there is indication that the medication is improving the patient's pain. However, there is no documentation regarding functional improvement, no discussion regarding side effects, and no discussion regarding aberrant use. As such, there is no clear indication for ongoing use of the medication. Opioids should not be abruptly discontinued, but unfortunately, there is no provision to modify the current request to allow tapering. In light of the above issues, the currently requested Norco (hydrocodone/acetaminophen) is not medically necessary.