

<b>Case Number:</b>	CM15-0117280		
<b>Date Assigned:</b>	06/25/2015	<b>Date of Injury:</b>	03/05/2002
<b>Decision Date:</b>	07/27/2015	<b>UR Denial Date:</b>	05/21/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/17/2015

### 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: 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:

The injured worker is a 70 year old female who reported an industrial injury on 3/5/2002. The history notes multiple industrial and non-industrial injuries, to multiple parts of her body, from 1976 - 2010. Her diagnoses, and/or impressions, are noted to include: bilateral wrist pain; chronic pain syndrome; fibromyalgia. No current imaging studies are noted. Her treatments are noted to include cervical and lumbar spine surgeries and right hip surgery; medication management with toxicology screenings; and rest from work. Per progress notes of 4/30/2015 the patient feels medication is working well. The physician's requests for treatments were noted to include the continuation of Norco.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 10/325mg #120:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 78, 80-81.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-96.

**Decision rationale:** Per the MTUS guidelines, the long term use of opioids is not recommended due to the development of habituation and tolerance. The medical records note that the injured worker has been on chronic opioid use which is not supported. The medical records also do not establish significant subjective or objective functional improvement with the ongoing use of opioids. Weaning has been recommended per prior Utilization Review. The request for Norco 10/325 mg #120 is not medically necessary and appropriate.