

<b>Case Number:</b>	CM15-0122960		
<b>Date Assigned:</b>	07/07/2015	<b>Date of Injury:</b>	09/22/2010
<b>Decision Date:</b>	07/31/2015	<b>UR Denial Date:</b>	06/19/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/26/2015

### 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: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular 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 9/22/10. She had complaints of neck and low back pain. Primary treating physician's progress report dated 4/22/15 reports complaints of ongoing neck pain, back pain and headaches. Currently, her headaches are the biggest problem. Acupuncture helps by decreasing the intensity and improves symptoms for a few days. She has not taken any Norco this past month. Pain level is 6-7/10 and comes down to 4/10 with Norco. Signed pain contract is on file. Diagnoses include: chronic low back pain, neck and upper extremity pain, protrusion of C3-4 and C6-7, depression/anxiety due to chronic pain, and severe daily headaches. Plan of care includes: dispensed Norco 10/325 mg #90 she will pay out of pocket until covered, request authorization for Norco it is well tolerated and gives the most relief from pain, brain MRI and neurology consult, will obtain urine drug screen today. Work status is no lifting over 5 pounds, no bending and stooping, no prolonged sitting and standing currently not working. Follow up in 1 month.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 10/325mg #15:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids for chronic pain Page(s): 80.

**Decision rationale:** Norco 10/325mg #15 is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The MTUS states that opioids for chronic back pain appear to be efficacious but limited for short-term pain relief, and long term efficacy is unclear (>16 weeks), but also appears limited. Failure to respond to a time limited course of opioids has led to the suggestion of reassessment and consideration of alternative therapy. There is no evidence to recommend one opioid over another. Opioids are not recommended for headaches, in particular, due to the risk of medication overuse headache. The MTUS states that before initiating opioid therapy, the patient should set goals, and the continued use of opioids should be contingent on meeting these goals. The documentation indicates that despite long term opioids this patient continues with significant pain and does not have a significant evidence of an increase in function. The documentation does not support continued Norco use. Therefore the request is not medically necessary.