

<b>Case Number:</b>	CM15-0174997		
<b>Date Assigned:</b>	09/16/2015	<b>Date of Injury:</b>	12/28/2001
<b>Decision Date:</b>	10/23/2015	<b>UR Denial Date:</b>	08/21/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/04/2015

### 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, North Carolina  
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 54 year old woman sustained an industrial injury on 12-28-2001. The mechanism of injury is not detailed. Diagnoses include cervical and lumbar spine myofascial pain and neuralgia, neuritis or radiculitis. Treatment has included oral medications. Physician notes dated 7-1-2015 show complaints of cervical spine pain rated 4 out of 10 with radiculitis. The physical examination shows pain and tenderness to the cervical and lumbar spine regions, moderate muscle spasms were noted in the cervical spine, lumbar spine, bilateral sacroiliac, and bilateral hips. Recommendations include Norco and follow up in one month. Utilization Review modified a request for Norco after a peer-to-peer discussion during which weaning was agreed to for this medication.

### IMR ISSUES, DECISIONS AND RATIONALES

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

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

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids for chronic pain.

**Decision rationale:** CA MTUS Guidelines state that for patients on ongoing opioid treatment the "4 A's" should be monitored. Urine drug screens should be consistent and an up to date pain contract should be documented. Prolonged use of opioids is not recommended according to MTUS Guidelines. In this case, Norco is not a first-line treatment for neuropathic pain. It does not appear that the patient has failed a trial of first-line non-opioid analgesics (antidepressants, anticonvulsants). A January 2015 report noted that the patient was not taking any medication, however the patient has been taking Norco subsequent to this visit. This patient does not meet MTUS criteria for opioid use and the request is not medically necessary or appropriate.