

<b>Case Number:</b>	CM15-0068930		
<b>Date Assigned:</b>	04/16/2015	<b>Date of Injury:</b>	06/24/2013
<b>Decision Date:</b>	06/11/2015	<b>UR Denial Date:</b>	03/19/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/10/2015

### 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: Texas, Florida

Certification(s)/Specialty: Anesthesiology, 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 45 year old male who sustained an industrial injury on 6/24/13. The injured worker reported symptoms in the neck. The injured worker was diagnosed as having cervical sprain/strain, displacement of intervertebral disc, and cervical spondylosis without myelopathy. Treatments to date have included injections, oral pain medication, muscle relaxants, and physical therapy. Currently, the injured worker complains of neck pain. The plan of care was for medication prescriptions and a follow up appointment at a later date. The medication listed are Norco, Adderral, trazodone and Relafen. There are many consistent and inconsistent UDS reports with some tests showing the presence of ethanol metabolites.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 10/325mg #60, x 1 PO q6-8prn:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain (Chronic).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2 Page(s): 42-43, 74-96, 124. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter Opioids.

**Decision rationale:** The CA MTUS and the ODG guidelines recommend that opioids can be utilized for the short term treatment of exacerbation of musculoskeletal pain that did not respond to standard treatments with NSAIDs and PT. The chronic treatment with opioids can be associated with the development of tolerance, dependency, addiction, sedation and adverse interaction with other sedation agents. The records show documentation of non compliance with the repeated presence of ethanol metabolites in several UDS reports. The patient is utilizing opioids with multiple stimulants and sedative medications concurrently. There is no documentation of CURES data profile or objective confirmation of functional restoration with the utilization of Norco. The criteria for the use of Norco 10/325mg #60 was not met. The request is not medically necessary.