

<b>Case Number:</b>	CM15-0072195		
<b>Date Assigned:</b>	04/22/2015	<b>Date of Injury:</b>	10/14/2005
<b>Decision Date:</b>	06/11/2015	<b>UR Denial Date:</b>	03/30/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/16/2015

### 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: 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 48 year old male, who sustained an industrial injury on 10/14/2005. Medical records provided by the treating physician did not indicate the injured worker's mechanism of injury. The injured worker was diagnosed as having headaches, neck and lower back pain, anxiety and depression. Treatment to date has included computed tomography, use of a cane, home exercise program, and medications regimen. In a progress note dated 01/14/2015 the treating physician reports complaints of headaches with associated symptoms of lightheadedness, neck and low back pain, and anxiety and depression. Primary physician report from 03/12/2015 indicated an ongoing flare-up with tenderness noted to the lumbar spine, gluteal region, and right sciatica with decreased sensation to the right foot. The treating physician requested the medication of Norco 10/325mg every eight hours as needed for chronic pain syndrome noting that the injured worker's pain level is a 5-6/10 with medications and 8/10 without medications. The treating physician also noted that use of this medication improves participation with home exercise program and enables the injured worker to perform activities of daily living. The medications listed are Anaprox, Prilosec, Nortriptyline, Zanaflex and Norco.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 10/325mg 8 H PRN #90:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines When to continue/discontinue Opioids.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 42-43, 74-96, 124.

**Decision rationale:** The CA MTUS and the ODG guidelines recommend 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 use of opioids can be associated with the development of tolerance, dependency, sedation, addiction and adverse interactions with other sedative medications. The records indicate that the patient is utilizing opioid with multiple sedative and psychiatric medications concurrently. There is no documentation of guidelines required compliance monitoring of random UDS, CURES data checks, absence of aberrant behavior and objective reports confirming functional restoration with the opioid utilization. The criteria for the use of Norco 10/325mg 8 hrly PRN #90 was not met and is not medically necessary.