

<b>Case Number:</b>	CM15-0072287		
<b>Date Assigned:</b>	04/22/2015	<b>Date of Injury:</b>	02/16/2004
<b>Decision Date:</b>	05/20/2015	<b>UR Denial Date:</b>	03/21/2015
<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: Maryland

Certification(s)/Specialty: Internal Medicine, Rheumatology

### 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 59 year old male, who sustained an industrial injury on 02/16/2004. According to a progress report dated 03/12/2015, the injured worker continued to have neck pain that goes down his spine and into the low back. He reported intermittent spasms in his neck and trapezius. Pain was rated 6 on a scale of 1-10 with medications and was increased from a previous office visit on 12/11/2014. Current medications included Neurontin, Norco, Amlodipine Besylate, Hydrochlorothiazide, Metformin HCL and Simvastatin. Treatment to date has included medications and radiographic imaging. Diagnoses included cervicalgia, displacement of cervical intervertebral disc without myelopathy and torticollis not otherwise specified. Prescriptions included Norco, Neurontin and Zanaflex. There were no urine drug screens submitted for review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 325/10mg #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids; Gabapentin Page(s): 78; 83.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use Page(s): 76-85.

**Decision rationale:** This 59 year old male has complained of low back pain since date of injury 2/16/04. He has been treated with physical therapy and medications to include opioids since at least 12/2014. The current request is for Norco. No treating physician reports adequately assess the patient with respect to function, specific benefit, return to work, signs of abuse or treatment alternatives other than opioids. There is no evidence that the treating physician is prescribing opioids according to the MTUS section cited above which recommends prescribing according to function, with specific functional goals, return to work, random drug testing, opioid contract and documentation of failure of prior non-opioid therapy. On the basis of this lack of documentation and failure to adhere to the MTUS guidelines, Norco is not indicated as medically necessary.