

<b>Case Number:</b>	CM15-0077553		
<b>Date Assigned:</b>	04/29/2015	<b>Date of Injury:</b>	04/20/2000
<b>Decision Date:</b>	05/26/2015	<b>UR Denial Date:</b>	03/31/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/23/2015

### 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: Connecticut, California, Virginia  
 Certification(s)/Specialty: Preventive Medicine, Occupational 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 60 year old male, who sustained an industrial injury on 04/20/2000. He has reported subsequent neck pain and headaches and was diagnosed with chronic neck pain, cervicogenic headaches and neuropathic pain. Treatment to date has included oral pain medication. In a progress note dated 03/17/2015, the injured worker complained of constant neck pain that was rated as 10/10 without medication and a 4/10 with medication. Objective findings were notable for limited range of motion of the neck and muscle spasms with palpation of the cervical paraspinal and trapezius muscles. A request for authorization of a Norco refill was submitted.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 10/325 MG #180:** Upheld

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

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

**Decision rationale:** Chronic use of opioids is addressed thoroughly by the MTUS chronic pain guidelines and given the long history of multiple medical problems in this patient since the initial date of injury, consideration of the MTUS Criteria for Use of Opioids in chronic pain is appropriate. Documentation of pain and functional improvement are critical components, along with documentation of adverse effects. While the MTUS does not specifically detail a set visit frequency for re-evaluation, recommended duration between visits is 1 to 6 months. Consideration of additional expertise in pain management should be considered if there is no evidence of improvement in the long term. In this case, the patient reports improvement in pain on medications, but objective evidence of functional improvement on opioids is not clearly demonstrated in the provided records. Previous recommendations for weaning have led to prior opioid request non-certification decisions by utilization review. More detailed consideration of long-term treatment goals for pain (specifically aimed at decreased need for opioids) is recommended. Consideration of other pain treatment modalities and adjuvants is also recommended. Given the chronic nature of this case and the lack of evidence to support improvement in function, based on the provided documents, the request is not considered medically necessary at this time.