

<b>Case Number:</b>	CM15-0097572		
<b>Date Assigned:</b>	05/28/2015	<b>Date of Injury:</b>	09/13/2003
<b>Decision Date:</b>	07/02/2015	<b>UR Denial Date:</b>	05/13/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/20/2015

### 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: Florida

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:

The injured worker is a 48-year-old female who sustained an industrial injury on 09/13/2003. The injured worker was diagnosed with cervical and lumbar degenerative disc disease, lumbar radiculopathy, anxiety and affective psychosis. Treatment to date includes diagnostic testing, pain management, psychiatric follow up and tapering of medications. According to the primary treating physician's progress report on April 9, 2015, the injured worker was evaluated for pain medication and tapering process. The injured worker is continuing to progress well on reduced doses of Fentanyl to 25mcg every 3 days. Valium 5mg was reduced from 3 times a day to twice a day. The injured worker's back and neuropathic left leg pain are under control with the reduction in medications. Documentation noted no evidence of gross agitation, seems less depressed, thought process stable with appropriate affect. Current medications are listed as Cymbalta, Duragesic Patches, Norco, Valium and Voltaren gel. Treatment plan consists of continuing to slowly taper and the current request for Norco 10/325mg.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**1 prescription of Norco 10/325mg #60: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines  
Criteria for use of opioids Page(s): 76-80 of 127.

**Decision rationale:** In accordance with California MTUS guidelines, narcotics for chronic pain management should be continued if "(a) If the patient has returned to work, (b) If the patient has improved functioning and pain." MTUS guidelines also recommend that narcotic medications only be prescribed for chronic pain when there is evidence of a pain management contract being upheld with proof of frequent urine drug screens. Regarding this patient's case, there is no objective evidence of improved functioning. Likewise, this chronic narcotic medication is not medically necessary.