

<b>Case Number:</b>	CM14-0142942		
<b>Date Assigned:</b>	09/10/2014	<b>Date of Injury:</b>	05/24/2009
<b>Decision Date:</b>	10/15/2014	<b>UR Denial Date:</b>	09/02/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/03/2014

### 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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 patient is a 43 year old male who was injured on 05/24/2009 when he was involved in a motor vehicle accident. Prior medication history included MS-Contin, Norco, and Zanaflex. Prior treatment history has included physical therapy (sessions unknown). The patient underwent L5-S1 fusion (date unknown). Progress report dated 08/22/2014 documented the patient to have complaints of continued low back pain and neck pain radiating down to his right lower extremity. He also reported feeling more pain in the ankle and had begun home exercise program which has been beneficial. He reported taking Zanaflex for spasms and Norco 10/325 twice daily for pain control and ketoprofen cream which also provides him with relief of his symptoms. He rated his pain as 7/10 without medications. Objective findings on exam revealed mild cervical paraspinal tenderness with painful range of motion. The lumbar spine revealed tenderness to palpation with mild painful range of motion. The patient is noted to have cervical disc injury with status post cervical disc arthropathy at level C5-C6 but no diagnostic report is provided. The patient is diagnosed with cervical sprain/strain; lumbar spine disc injury; lumbosacral radiculopathy; and myofascial pain syndrome. The patient has been recommended to continue Norco 10/325 mg #60 for pain which he has been utilizing since 04/18/2014. At that time, he reported unbearable pain but no VAS was provided. Prior utilization review dated 08/22/2014 by [REDACTED] states the request for Norco 10/325 mg #60 is denied as medical necessity has not been established.

### IMR ISSUES, DECISIONS AND RATIONALES

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

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

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants (for pain), Criteria for use of opioids. Decision based on Non-MTUS Citation American Family Physician

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-95.

**Decision rationale:** According to the Chronic Pain Medical Treatment Guidelines, continued opioid treatment requires documented pain and functional improvement and response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. In addition, the guidelines also note that opioids may be efficacious for short-term use, but the efficacy of long-term use is limited. Opioids are not indicated for neuropathic pain as a first line treatment. Prolonged use of opioid leads to increased risk of dependence, comorbidity and mortality. Attempts should be made to emphasize analgesic adjuvants for chronic and neuropathic pain such as TCA like Nortriptyline, Serotonin-Norepinephrine Reuptake Inhibitors (SNRI), anti-depressants like Duloxetine, or anticonvulsants like Gabapentin as a further attempt to control the pain and to facilitate the weaning of the patient off of opioids. Therefore, the medical necessity of this request has not been established. Weaning is advised to avoid withdrawal symptoms.