

<b>Case Number:</b>	CM13-0016728		
<b>Date Assigned:</b>	11/06/2013	<b>Date of Injury:</b>	01/12/2012
<b>Decision Date:</b>	05/14/2014	<b>UR Denial Date:</b>	08/13/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/26/2013

### 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 & 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 injured worker is a 61-year-old female who reported an injury on 01/12/2012. The mechanism of injury was not specifically stated. The only documentation submitted for this review is a Qualified Medical Evaluation Supplemental Report submitted on 11/17/2012. Current diagnoses include chronic pain secondary to trauma, headache, facet arthropathy, thoracic sprain, herniated nucleus pulposus of the lumbar and cervical spine, enthesopathy of the hip, malaise and fatigue, history of concussion, spinal stenosis in the cervical region, spinal stenosis of the lumbar region, myalgia/myositis, degenerative disc disease of the cervical, thoracic, and lumbar spine, neck pain, low back pain, pain disorder related to psychological factors, and depression/anxiety. The injured worker has been previously treated with chiropractic therapy. A review of medical records was completed at that time. Current medications included Cymbalta, MS Contin, and Norco. Treatment recommendations at that time included a functional restoration program.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MS CONTIN 30MG #90:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-82.

**Decision rationale:** The MTUS Chronic Pain Guidelines state a therapeutic trial of opioids should not be employed until the patient has failed a trial of non-opioid analgesics. Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects should occur. There is no documentation of an updated physical examination. There is no evidence of objective functional improvement as a result of the ongoing use of this medication. There is also no documentation of a failure to respond to non-opioid analgesics. There is also no frequency listed in the current request. Based on the aforementioned points, the request is not medically necessary and appropriate.

**NORCO 10/325MG #360:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-82.

**Decision rationale:** The MTUS Chronic Pain Guidelines state a therapeutic trial of opioids should not be employed until the patient has failed a trial of non-opioid analgesics. Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects should occur. There is no documentation of an updated physical examination. There is no evidence of objective functional improvement as a result of the ongoing use of this medication. There is also no documentation of a failure to respond to non-opioid analgesics. There is no frequency listed in the current request. Based on the aforementioned points, the request is not medically necessary and appropriate.