

<b>Case Number:</b>	CM13-0034307		
<b>Date Assigned:</b>	12/06/2013	<b>Date of Injury:</b>	03/05/2012
<b>Decision Date:</b>	02/12/2014	<b>UR Denial Date:</b>	10/01/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/15/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician 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 physician 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 female who reported a work-related injury on 3/5/12. The mechanism of injury was not provided. The patient was noted to have cervical pain, low back pain, thoracic complaints, mid back pain, shoulder pain, and spinal complaints. The patient's medications include Motrin and Norco. Objectively, the patient was noted to have pain to palpation over C3-C6 facet capsules, pain to palpation T3-T6 spinous processes, a positive Gaenslen's maneuver bilaterally, pain to palpation over L3-S1 facet capsules bilaterally, and a straight leg raise that was positive at 45 degrees. The assessment was noted to include cervical, thoracic, and lumbar spinal pain, and shoulder rotator cuff tear.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**90 tablets of Motrin 800mg:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 67.

**Decision rationale:** The California MTUS Guidelines recommend non-prescription medications for pain and inflammation. The clinical documentation submitted for review indicated the patient

had complaints of cervical pain, low back pain, mid back pain, shoulder pain, and spinal complaints, as well as headaches. Objectively, the patient was noted to have tenderness to palpation of the neck, thoracic, and lumbosacral areas. The patient was noted to have myofascial pain with ropy fibrotic banding and a positive stork test bilaterally of the lumbar region. The patient was noted to have a straight leg raise test that was positive at 45 degrees bilaterally with positive pain radiating into the right buttocks, posterior thigh, medial leg, and lateral leg. However, the clinical documentation submitted for review failed to provide the efficacy of the requested medication. Given this information, the request is not medically necessary.

**60 tablets of generic Norco 5/325mg:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 75, 78.

**Decision rationale:** The California MTUS guidelines recommend short acting opioids such as Norco for controlling chronic pain. For ongoing management, there should be documentation of the 4 A's, including analgesia, activities of daily living, adverse side effects, and aberrant drug taking behavior. The clinical documentation submitted for review indicated that the patient had complaints of cervical pain, low back pain, mid back pain, shoulder pain, and spinal complaints, as well as headaches. Objectively, the patient was noted to have tenderness to palpation of the neck, thoracic, and lumbosacral areas. The patient was noted to have myofascial pain with ropy fibrotic banding and a positive stork test bilaterally of the lumbar region. The patient was noted to have a straight leg raise test that was positive at 45 degrees bilaterally with positive pain radiating into the right buttocks, posterior thigh, medial leg, and lateral leg. However, the clinical documentation submitted for review failed to provide documentation of the 4 A's for continued use. Given this information, the request is not medically necessary.