

<b>Case Number:</b>	CM13-0036064		
<b>Date Assigned:</b>	12/13/2013	<b>Date of Injury:</b>	06/23/2000
<b>Decision Date:</b>	02/21/2014	<b>UR Denial Date:</b>	10/04/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/18/2013

### 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 Family Practice 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 53-year-old female who reported an injury on 06/23/2000. The mechanism of injury was not provided in the medical records. The patient's course of treatment was not discussed; however, it is noted that she received acupuncture with benefit. This treatment allowed her to taper off of her medications and increase daily functional ability. The patient's request for additional therapy was denied, and she continues to present with complaints of bilateral arm pain, neck pain, and medication associated gastrointestinal irritation. The patient's current medications include unspecified dosages and frequencies of Nexium, Norco, Excedrin, Lisinopril, Xanax, and Soma. Her diagnoses include complex regional pain syndrome of the bilateral upper extremities and myofascial pain. No other clinical information was submitted for review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Soft collar neck brace:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 175. Decision based on Non-MTUS Citation Official Disability Guidelines, Neck and Upper Back (Acute and Chronic)

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 175.

**Decision rationale:** The California ACOEM Guidelines do not recommend the use of a cervical bracing for more than 1 or 2 days following initial injury. The guidelines state that cervical collars have not been shown to have any lasting effect except for comfort in the first few days of the acute phase in severe cases; in fact, weakness may result from prolonged use and will contribute to debilitation. Since there was no documentation of exceptional factors provided within the medical records that would indicate the need for a soft neck brace, the request is not indicated at this time. Therefore, the request for a soft collar neck brace is not medically necessary or appropriate.

**Norco 7.5/325mg #120:** Upheld

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

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

**Decision rationale:** The California MTUS Guidelines recommend the use of opioids to treat chronic pain. Guidelines state that pain should be assessed at each visit, and functioning should be measured at 6 month intervals using a numerical scale or validated instrument. The guidelines recommend that a thorough pain assessment include documentation of the patient's current pain; the least reported pain since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. The medical records provided did not include a thorough assessment of the patient's pain, nor did the records include a recent functional assessment. As such, the medical necessity of this medication cannot be determined and the request for Norco 7.5/325 mg #120 is not medically necessary or appropriate at this time.