

<b>Case Number:</b>	CM13-0051435		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	04/03/2013
<b>Decision Date:</b>	03/27/2014	<b>UR Denial Date:</b>	11/05/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/14/2013

### 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 Occupational Medicine, and is licensed to practice in New York and North Carolina. 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 claimant is a 58-year-old man with chronic neck, bilateral shoulder and left wrist fracture, following a slip and fall accident down stairs on 4/3/13. Diagnoses by the primary treating physician include cervical spine sprain/strain; thoracic spine sprain/strain; lumbar spine sprain/strain with bilateral lower extremity radiculitis; bilateral shoulder periscapular strain/tendonitis/impingement with history of possible left AC separation and distal clavicle fracture; and left closed wrist fracture. His doctor notes high blood pressure, diabetes and GI discomfort as well. He had left wrist reconstructive surgery 4/18/13 complicated by abscess of his "throat" following intubation. He was requesting a prescription for Norco, which was modified and approved for 10/325 mg up to #90 between 9/26/13 and 12/29/13, for the purpose of weaning. He also requested 12 sessions of occupational therapy and wrist wrap for his left wrist, and 12 chiropractic sessions for his shoulders and neck between 9/26/13 and 12/29/13, which were denied.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 10/325mg:** Upheld

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

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

**Decision rationale:** Symptoms remain unchanged despite narcotic use, and he has not returned to work. The guidelines recommend continued use of opioids if they decrease pain and/or allow a patient to return to work. As noted in his treating physicians summary dated 12/16/13, he was taking Norco 10/325 mg on 9/26/13, and he was noted to say his overall symptoms remained unchanged. The assessment remained unchanged. As per the guidelines, the narcotic should be discontinued. With chronic use, weaning is recommended to prevent withdrawal symptoms. I agree with the denial of this medication.