

<b>Case Number:</b>	CM13-0056011		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	08/01/2001
<b>Decision Date:</b>	03/27/2014	<b>UR Denial Date:</b>	11/01/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/21/2013

### 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 Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in Florida. 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 45-year-old female who reported an injury on 08/01/2001. The mechanism of injury is not specifically stated. The patient is currently diagnosed with overuse syndrome of the bilateral upper extremities, cervical strain, thoracic strain, lumbar strain, bilateral shoulder strain, secondary muscle contraction headaches, insomnia, and intermittent GERD symptomatology. The patient was seen [REDACTED] on 10/14/2013. The patient reported 8/10 lower back pain and 7/10 shoulder pain. Physical examination revealed moderate to severe hemiparesis, moderate tenderness on the right side of the volar wrist, negative Tinel's and Phalen's testing, tenderness to palpation with spasm in the lumbar spine, decreased range of motion, positive straight leg raise, decreased cervical range of motion, tenderness to palpation with mild to moderate spasm in the cervical spine, and tenderness to palpation of the acromioclavicular joint with positive impingement testing. The treatment recommendations included continuation of current medications including Soma and Norco.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 10/325mg #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): 74-82.

**Decision rationale:** The California MTUS 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. The patient has continuously utilized this medication. Despite ongoing use, the patient continues to report high levels of pain. There is no change in the patient's physical examination that would indicate functional improvement. Satisfactory response to treatment has not been indicated. Therefore, the ongoing use cannot be determined as medically appropriate. As such, the request is non-certified.