

<b>Case Number:</b>	CM13-0063046		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	01/31/2012
<b>Decision Date:</b>	05/16/2014	<b>UR Denial Date:</b>	12/03/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/09/2013

### 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, has a subspecialty in Sports Medicine, and is licensed to practice in Texas. 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 52-year-old female who reported an injury on 01/31/2012 after she was hit by a combative patient. The injured worker reportedly sustained an injury to her head and neck. The injured worker's chronic pain was managed with a home exercise program and multiple medications. The injured worker was monitored for aberrant behavior with urine drug screens. The injured worker was evaluated on 10/07/2013. It was documented that her pain was described as persistent and rated 7/10 and exacerbated by activities of daily living. The injured worker's medications included Norco, Prozac, and vitamins. Physical findings included decreased grip strength on the right-side with tenderness to palpation over the right temporomandibular joint and right temporalis musculature. There was also tenderness to palpation over the right suboccipital, posterior cervical, and right upper trapezius musculature regions. The injured worker had restricted cervical spine range of motion secondary to pain. The injured worker's diagnoses included impingement syndrome, rotator cuff tendinosis of the right shoulder, and a cervical spine sprain/strain with a herniated disc. The injured worker's treatment plan included continuation of medications and referral to another physician for treatment of headaches.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**NORCO 10/325MG QTY: 400:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 7/18/2009 Page(s): 91.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, On-Going Management Page(s): 78.

**Decision rationale:** The requested Norco 10/325 mg Qty: 400 is not medically necessary or appropriate. California Medical Treatment Utilization Schedule recommends the continued use of opioids be supported by documentation of increased functional benefit, a quantitative assessment of pain relief, managed side effects, and evidence the patient is monitored for aberrant behavior. The clinical documentation submitted for review does indicate that the injured worker has been on this medication since at least 01/2013. It is also documented that the injured worker is monitored for aberrant behavior with urine drug screens. However, the clinical documentation fails to provide quantitative assessment of pain relief and increased functional benefit as result of ongoing medication usage. Therefore, continued use of this medication is not supported. Also, the request as it is submitted does not contain a frequency of treatment. Therefore, the appropriateness of the request itself cannot be determined. As such, the requested Norco 10/325 mg Qty: 400 is not medically necessary or appropriate