

<b>Case Number:</b>	CM14-0104632		
<b>Date Assigned:</b>	07/30/2014	<b>Date of Injury:</b>	08/09/2006
<b>Decision Date:</b>	09/26/2014	<b>UR Denial Date:</b>	06/10/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/07/2014

### 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 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 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 patient is a 59 year old female with date of injury 8/09/06. The patient injured her neck, left shoulder and left arm while holding the phone between her neck and left shoulder and continuing to work on the computer at the same time. The treating physician report dated 5/30/14 indicates that the patient presents with continued pain affecting her neck and occasional left arm pain and numbness. The patient has had MRI of the cervical spine and epidural cortisone injections. Current physical examination findings reveal that driving worsens her symptoms. The patient rates her pain as 3-4/10 on good days and 5-6/10 on bad days. The current diagnoses are: Cervical spine stenosis C6-7, Cervical disc degeneration, Herniated disc (C5-C6), and Chronic pain syndrome. The utilization review report dated 6/10/14 denied the request for Norco 10/325 mg #150 based on the rationale that MTUS does not recommend long-term opioids for chronic pain and there is no documentation or rationale the requested medication is required for treatment of the injury of 8/09/06.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 10/325mg #150:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids for chronic pain.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, specific drug list; Opioids, long-term assessment Page(s): 88-89; 91.

**Decision rationale:** This is a 59 year old female who presents with chronic neck, left shoulder and arm pain. The current request is for Norco 10/325 mg #150. There is no documentation provided regarding the efficacy from chronic use of Norco. The MTUS Guidelines states document pain and functional improvement and compare to baseline. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. Information from family members or other caregivers should be considered in determining the patient's response to treatment. Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument. The MTUS also requires documentation of the four A's (analgesia, ADLs, Adverse effects and Adverse behavior). In this case, such documentation is not provided. The MTUS further discusses under outcome measures, documentation of average pain level, time it takes for medication to work, duration of relief with medication, etc. are required. In this patient, none of these are provided. There are only three physician's reports provided over a four-month period in the medical records for review. There is no clinical documentation that the patient is benefiting from the usage of Norco. Norco 10/325mg #150 is not medically necessary.