

<b>Case Number:</b>	CM14-0108299		
<b>Date Assigned:</b>	08/04/2014	<b>Date of Injury:</b>	10/17/2001
<b>Decision Date:</b>	09/24/2014	<b>UR Denial Date:</b>	06/20/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/11/2014

### 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 Neuromusculoskeletal Medicine and is licensed to practice in Arizona. 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 44-year-old female who sustained a work related injury on 10/17/2001 as result of an unknown mechanism of injury. Since then she has had a complaint of severe burning left neck and shoulder pain with occasional numbness. Apparently the Tramadol previously prescribed is ineffective at providing some level of pain relief. On exam, she has bilateral cervical spinal tenderness with tenderness upon loading of the cervical facets. Her neurological exam has a 4/5 strength deficit of the left upper extremity with decreased deep tendon reflexes bilaterally at the C5, C6 and C7 reflexes, but has intact sensor bilaterally with a negative Tinnel's and Phalen's test. The handwritten Follow-Up Office Notes are difficult to read. She has had a C6-7 cervical fusion at some point since her injury. In Dispute is a decision for Norco 7.5mg / 325mg QTY unspecified.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 7.5/325mg QTY Unspecified:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Neck and Upper Back.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 75,88,91.

**Decision rationale:** Opioid is listed as indicated for moderate to moderately severe pain. Long term use of such medications (greater than 6 months) needs documented pain and functional improvement as compared 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. An unspecified number of medications to dispense, in particular a narcotic/opioid, are not authorized. A specified quantity needs to be submitted with Independent Medical Reviews to ensure an appropriate number of tablets are dispensed to provide the medicinal needed for its intended purpose. Therefore the request for norco is not medically necessary