

<b>Case Number:</b>	CM14-0013817		
<b>Date Assigned:</b>	02/26/2014	<b>Date of Injury:</b>	03/06/2011
<b>Decision Date:</b>	06/26/2014	<b>UR Denial Date:</b>	01/10/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/03/2014

### 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 injured worker is a 56-year-old female who reported an injury on 3/6/11. The mechanism of injury was not provided for review. The clinical note dated 2/3/14 reported that the injured worker complained of neck pain, mid back pain, low back pain, and left wrist pain with numbness. The injured worker stated that the pain was rated 8/10 without medication and 6/10 with medication; she had significant improvements in her basic activities of daily living and the effects of the medication last up to four hours. The injured worker's medication regimen included Norco, Zyrtec, Protonix, Anaprox, and Cyclobenzaprine. The physical examination of the lumbar spine revealed lumbar range of motion to include flexion limited by 25%, extension limited by 60%, and moderate tenderness at the L5-S1. The physical exam of the left shoulder revealed range of motion to include abduction at 60 degrees and various impingement signs; Neer's, Hawkins, and O'Brien's test are mildly positive. The physical exam of the left wrist included range of motion restricted with flexion at 40 degrees and extension at 70 degrees. The diagnoses included cervical radiculopathy, lumbar facet arthropathy, and lumbar radiculopathy. The treatment plan included recommendations for a home exercise program and medications. The request for authorization was submitted on 1/3/14. The physician recommended Norco for breakthrough pain.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**NORCO 10/325MG #60:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, OPIOIDS,

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

**Decision rationale:** The injured worker has a history of neck pain, mid and low back pain, and wrist pain treated with home exercises and medications. The California MTUS Chronic Pain Medical Treatment Guidelines recommend ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. The guidelines note that pain assessment should include current pain, the least reported pain over the period since last assessment, average pain, intensity of pain after taking the opioid, how long it takes for pain relief, and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. Within the clinical information provided for review, the injured worker continues to experience relief with her medication. She reported the pain was rated 8/10 without medication and a 6/10 with medication. She has significant improvements in her basic activities of daily living with the effects of the medication lasting up to four hours. In addition, the physician noted the injured worker demonstrates no issue of misuse and the medication side effects are minimal and controllable. As such, the request is medically necessary.