

<b>Case Number:</b>	CM14-0111527		
<b>Date Assigned:</b>	09/16/2014	<b>Date of Injury:</b>	09/19/2008
<b>Decision Date:</b>	10/16/2014	<b>UR Denial Date:</b>	06/17/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/17/2014

### 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 & Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in Texas and Oklahoma. 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 54-year-old male who reported an injury on 09/19/2008. The mechanism of injury reported was while the injured worker was moving a copier machine. Diagnoses included cervical disc bulge. The previous treatments included physical therapy, chiropractic sessions, a TENS unit, cervical pillow, medications, and trigger point injections. The diagnostic testing included an EMG/NCV. Within the clinical note dated 06/10/2014, it was reported the injured worker complained of headaches, dull and constant. He rated his headaches 5/10 in severity. He complained of neck pain rated 6/10 in severity. Upon physical examination, the provider noted the injured worker had deep tendon reflexes which were 2+ and sensation was intact but diminished along the right 5th digit. Trigger points had been palpated along the cervical paraspinal and levator scapulae muscles. The provider requested Norco elixir, clonazepam, Norco, and injections. However, a rationale was not submitted for clinical review. The Request for Authorization was submitted and dated on 06/10/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco elixir 7.5/325/15ml, 15ml at night #450ml:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 82-88, 91.

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

**Decision rationale:** The request for Norco elixir 7.5/325/15 ml at night #450 ml is not medically necessary. The California MTUS Guidelines recommend ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. The guidelines recommend the use of a urine drug screen or inpatient treatment with issues of abuse, addiction, or poor pain control. There is a lack of documentation indicating the efficacy of the medication as evidenced by significant functional improvement. Additionally, the use of a urine drug screen was not submitted for clinical review. Therefore, the request is not medically necessary.

**Clonazepam 1mg per day #30:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 23.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines , Benzodiazepines Page(s): 24..

**Decision rationale:** The request for Clonazepam 1 mg per day #30 is not medically necessary. The California MTUS Guidelines do not recommend clonazepam for long term use due to the long term efficacy being unproven and there is a risk of dependence. The guidelines also recommend the limited use of Clonazepam to 4 weeks. The injured worker has been utilizing the medication since at least 06/2014 which exceeds the guideline recommendations of limited use to 4 weeks. There is a lack of documentation indicating the efficacy of the medication as evidenced by significant functional improvement. Therefore, the request is not medically necessary.

**Norco 10/325 1 tab QID #120:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 82-88, 91.

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

**Decision rationale:** The request for Norco 10/325 mg 1 tab QID #120 is not medically necessary. The California MTUS Guidelines recommend ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. The guidelines recommend the use of a urine drug screen or inpatient treatment with issues of abuse, addiction, or poor pain control. There is a lack of documentation indicating the efficacy of the medication as evidenced by significant functional improvement. Additionally, the use of a urine drug screen was not submitted for clinical review. Therefore, the request is not medically necessary.

**Injections:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Trigger point injections Page(s): 133.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 181-183..

**Decision rationale:** The request for injections is not medically necessary. The California MTUS/ACOEM Guidelines note facet injections of corticosteroids are not recommended. There is a lack of clinical documentation indicating the medical necessity for the request. Additionally, the request submitted failed to provide the specific type of injection to performed. As such, the request is not medically necessary.