

<b>Case Number:</b>	CM14-0130247		
<b>Date Assigned:</b>	08/18/2014	<b>Date of Injury:</b>	11/26/2001
<b>Decision Date:</b>	09/18/2014	<b>UR Denial Date:</b>	07/22/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/13/2014

### 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 Nevada. 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 55 year-old female who was reportedly injured on November 26, 2001. The mechanism of injury was not listed in these records reviewed. The most recent progress note dated July 9, 2014, indicated that there were ongoing complaints of neck and back pains. The pain was rated at 4/10. Sleep quality was noted as fair. The physical examination demonstrated 5'5", 284 pound individual who has objectified obstructive sleep apnea. The gait pattern was described as slow. A decrease lumbar spine range of motion was reported. There was muscle spasm and tenderness to palpation and tight muscle bands reported. Diagnostic imaging studies were not presented. Previous treatment included physical therapy, aquatic therapy and pain management interventions. A request was made for Norco and was not certified in the pre-authorization process on July 22, 2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 10/325mg #60 with 1 refill:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-78, 88, 91.

**Decision rationale:** The records reflect that the injured employee was able to go 5 days off of medication as she forgot them at some other location. Furthermore, there is no clinical indication of any significant improvement, increased functionality, or decreased symptomatology as a function of this medication. As such, the parameters outlined in the California Medical Treatment Utilization Schedule relative to the continued use of opioid analgesics are not met and this is not medically necessary.