

<b>Case Number:</b>	CM14-0132084		
<b>Date Assigned:</b>	08/22/2014	<b>Date of Injury:</b>	02/07/2013
<b>Decision Date:</b>	10/17/2014	<b>UR Denial Date:</b>	08/04/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/18/2014

### 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 Occupational Medicine 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:

According to the records made available for review, this is a 37-year-old male with a 2/7/13 date of injury. At the time (7/10/14) of request for authorization for Norco 7.5mg/325mg, there is documentation of subjective findings consisting of right shoulder pain, neck pain radiating to right hand associated with numbness and tingling, and upper/mid back pain. There was also documentation of objective findings including tenderness over the cervical paraspinal musculature and trapezius muscle, positive Spurling's test, decreased range of motion with pain, and a positive impingement test. The current diagnoses include cervical/thoracic musculoligamentous strain/sprain with attendant right upper extremity radiculitis and right shoulder periscapular myofascial sprain. The treatment to date includes Motrin, Robaxin and physical therapy. There is no documentation that the prescriptions are from a single practitioner and are taken as directed; the lowest possible dose is being prescribed; and there will be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects.

### IMR ISSUES, DECISIONS AND RATIONALES

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

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

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Hydrocodone/Acetaminophen Page(s): 91.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids  
Page(s): 74-80.

**Decision rationale:** The MTUS Chronic Pain Medical Treatment Guidelines necessitate documentation that the prescriptions are from a single practitioner and are taken as directed; the lowest possible dose is being prescribed; and there will be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects, as criteria necessary to support the medical necessity of opioids. Within the medical information available for review, there is documentation of diagnoses of cervical/thoracic musculoligamentous strain/sprain with attendant right upper extremity radiculitis and right shoulder periscapular myofascial sprain. However, there is no documentation that the prescriptions are from a single practitioner and are taken as directed; the lowest possible dose is being prescribed; and there will be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Therefore, based on guidelines and a review of the evidence, the request for Norco 7.5mg/325mg is not medically necessary.