

<b>Case Number:</b>	CM14-0133883		
<b>Date Assigned:</b>	08/25/2014	<b>Date of Injury:</b>	03/25/2013
<b>Decision Date:</b>	09/29/2014	<b>UR Denial Date:</b>	07/29/2014
<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 Physical Medicine & 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 patient is a 49 year old female who was injured on 03/25/2013. The mechanism of injury is unknown. Prior medication history included Icy hot patch, ibuprofen, Norco, and levothyroxine. Prior treatment history has included 23 sessions of physical therapy. Progress report dated 08/13/2014 states the patient presented with complaints of cervical strain, right trapezius strain. She rated her pain as 7-8/10 with intermittent paresthesia to right thumb, index, and middle finger. She complained of tingling of the right trapezius. Objective findings on exam revealed cervical spine flexion to 40 degrees; extension to 60 degrees; lateral flexion to 45 degrees on the left and lateral flexion to 35 degrees on the right. There is mild tenderness to palpation of the upper and lower trapezius. Left rotation is 60; right rotation is 60 with end point pain. Sensation is decreased in dermatomal distribution at C6-C7 left upper extremity. She has palpable spasms in the right upper and lower trapezius. She is diagnosed with cervical spine sprain/strain; thoracic spine strain/sprain; lumbar spine strain/sprain. The patient has been recommended Norco #3. Prior utilization review dated 07/29/2014 states the request for Norco 10-325mg #60 is denied as there is no objective evidence providing functional improvement.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 10-325mg #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47-48, Chronic Pain Treatment Guidelines Chronic Pain

Medical Treatment Guidelines Page(s): 80-82. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter.

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

**Decision rationale:** This case involves a patient with chronic pain predating the time of the 3/25/13 evaluation. Based on the medication list, it would appear that the patient has been treated with opioid pain medications for an extended time period. Treatment has consisted of Norco (10mg hydrocodone/325mg APAP). The documentation in this case fails to demonstrate a clinical rationale for these medications other than the fact that the patient has taken it in the past. The MTUS guidance with regards to short acting opioid medications suggest that they can be used over a short time interval, but they are not indicated for long term management. This case fails to offer clinical reasoning or a rationale for this course of treatment and is therefore the request is not medically necessary.