

<b>Case Number:</b>	CM14-0035423		
<b>Date Assigned:</b>	06/23/2014	<b>Date of Injury:</b>	12/11/2007
<b>Decision Date:</b>	07/18/2014	<b>UR Denial Date:</b>	03/21/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/21/2014

### 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 Sports Medicine and is licensed to practice in New York and Texas. 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 58 year old male who reported an injury on 12/11/2007 due to unknown mechanism. The injured worker had complaints of neck pain with intermittent pain to the upper extremities. Physical examination on 11/05/2013 revealed tenderness and muscle guarding over the cervical paraspinals muscles and upper trapezius muscles bilaterally. There was tenderness and spasm in the interscapular muscles, left side greater than right. Axial compression test and Spurling's maneuver lead to increased neck pain. Range of motion of the cervical spine was flexion 22/50 degrees, extension 25/60 degrees, right rotation 30/80 degrees, left rotation 32/80 degrees. Sensory examination revealed decreased sensation to the left upper extremity along the median and ulnar nerve distribution and C5-C6 dermatomes. Diagnostic studies and physical therapy reports were not submitted. The injured worker had past surgeries C5-6 fusion and L4-S1 fusion. Medications were ointments, muscle relaxants, cyclobenzaprine 7.5mg and Norco. The current treatment was to continue with medications. The rationale was not submitted. The request for authorization was submitted for review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 7.5/325 mg #15:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Ongoing Management Page(s): 78.

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

**Decision rationale:** The request for Norco 7.5/325mg quantity 15 is not medically necessary. The document submitted does not state how long the injured worker has taking Norco which is an opioid. The document also does not report any other medications that were tried and/or failed. Diagnostic studies and physical therapy reports were not submitted. California Medical Treatment Utilization Schedule states ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. 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 long pain relief lasts. Also the document lacks reports of urine drug screen and a continuing review of the overall situation with regard to non-opioid means of pain control. There were no reports of previous medications used. Therefore, the request is not medically necessary.