

<b>Case Number:</b>	CM14-0045930		
<b>Date Assigned:</b>	08/27/2014	<b>Date of Injury:</b>	11/15/2002
<b>Decision Date:</b>	10/06/2014	<b>UR Denial Date:</b>	03/21/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/01/2014

### 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 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 records, presented for review, indicate that this 39-year-old individual was reportedly injured on November 15, 2002. The mechanism of injury was not listed in these records reviewed. The most recent progress note, dated August 5, 2014, indicated that there were ongoing complaints of neck pain. The physical examination demonstrated a normotensive state (126/70) individual with a very limited cervical spine range of motion, and cervical compression causing increased neck pain. There was tenderness to palpation and muscle spasm noted upon palpation. Motor, sensation and deep tendon reflexes were reported to be grossly intact. Diagnostic imaging studies objectified spondylosis with a disc herniation at C4-C5. An MRA of the shoulder revealed compression of the brachial plexus. Previous treatment included narcotic medications, physical therapy, home traction, and pain management interventions. A request had been made for Norco and was not certified in the pre-authorization process on March 21, 2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**NORCO 10/325MG #120:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): Pages 75-78.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-78, 88, 91 of 127.

**Decision rationale:** When noting the date of injury, the injury sustained, the numerous "flares" of significant neck pain and by the relative lack of improvement and no noted efficacy with the utilization of this medication, there is no clear clinical indication presented for the medical necessity of this medication. As outlined in the MTUS, this medication is indicated for the management controlling moderate to severe pain. However, there needs to be increased functionality and decreased pain and neither of these are noted with use of this medication. Therefore, based on the clinical information presented for review, the medical necessity has not been established.