

<b>Case Number:</b>	CM14-0080028		
<b>Date Assigned:</b>	07/18/2014	<b>Date of Injury:</b>	03/20/2000
<b>Decision Date:</b>	09/19/2014	<b>UR Denial Date:</b>	05/13/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/30/2014

### 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:

This is a 56-year-old female patient with a 3/20/2000 date of injury. The mechanism of injury was not provided. A progress report dated on 7/7/14 indicated that the patient complained of ongoing pain in her neck with an associated cervicogenic headache. She also continued to have pain typical complex regional pain syndrome in her right upper extremity. She has a spinal cord stimulator, which provided 40% pain relief. She rated her pain 6/10 on VAS scale. She reported that her headache was the most painful disability and was responsible most of her pain medication requirements. Objective findings revealed that the patient was in mild distress. There was tenderness over the posterior cervical musculature, and subcortical region. She had decreased range of motion on her cervical spine. There was also tenderness over the right upper extremity musculature. She was diagnosed with Cervical spine sprain, s/p Right CTR, De Quervain's release, and ulnar nerve transposition, impingement syndrome of the right shoulder, and Lumbar facet arthropathy. Treatment to date: medication management, trigger point injection for her neck and skull. There is documentation of a previous 5/13/14 adverse determination, in which the Norco was modified from Norco #120 to #60, in regard to initiating a weaning process.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 10/325 mg #120:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines OPIATES Page(s): 78-81.

**Decision rationale:** The California MTUS Chronic Pain Medical Treatment Guidelines do not support ongoing opioid treatment unless prescriptions are from a single practitioner and are taken as directed; are prescribed at the lowest possible dose; and unless there is ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. However, there was no evidence of significant pain relief or functional gains from the use of Norco. There was no documentation of lack of adverse side effects or aberrant behavior. The prior UR decision modified the Norco from #120 to #60 to initiate weaning. Therefore, the request Norco 10/325 mg #120, as submitted, was not medically necessary.