

<b>Case Number:</b>	CM15-0104221		
<b>Date Assigned:</b>	06/08/2015	<b>Date of Injury:</b>	07/31/2001
<b>Decision Date:</b>	07/08/2015	<b>UR Denial Date:</b>	05/07/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/01/2015

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:  
 State(s) of Licensure: California, Indiana, Oregon  
 Certification(s)/Specialty: Orthopedic Surgery

### 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 52-year-old female who sustained an industrial injury on 07/31/2001. Diagnoses include ruling out left cervical facet pain, repetitive stress left upper extremity, and parascapular myofascial pain. Treatment to date has included diagnostic studies, medications, multiple cervical radiofrequency procedures, physical therapy, and home exercises. A Magnetic Resonance imaging of the cervical spine done on 06/04/2014 showed mild right neural foraminal stenosis at C4-C5 but no impingement, and mild circumferential bulging of the C5-C6 disc but no impingement, and mild C6-C7 cervical spondylosis with attenuation of the ventral sub-arachnoid space but no impingement on the spinal cord or nerve roots. A physician progress note dated 04/02/2015 documents the injured worker complains of neck pain, bilateral shoulder pain, and headaches. On examination, there is exquisite left cervical pain with extension/rotation, and there is tenderness in the upper trapezius, pectorals left subclavian area, and left cervical facet joints. There is tenderness to palpation and trigger points in the left parascapular region. There is documentation in a 3/16/2015 note that there is continuation of weaning of Norco. The treatment plan includes cervical radiofrequency at C4-5 and additional level C5-6 under sedation and fluoroscopy. Treatment requested is for Norco 10/325 mg Qty 60.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 10/325 mg Qty 60:** Upheld

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

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

**Decision rationale:** According to the CA MTUS/Chronic Pain Medical Treatment Guidelines, page 80, opioids should be continued if the patient has returned to work and the patient has improved functioning and pain. Based upon the records reviewed there is insufficient evidence to support chronic use of narcotics. In this case, there is chronic use of narcotics. There is lack of demonstrated functional improvement, percentage of relief, or increase in work activity from the exam note of 2/18/15. Therefore, the determination is not medically necessary.