

<b>Case Number:</b>	CM15-0146197		
<b>Date Assigned:</b>	08/07/2015	<b>Date of Injury:</b>	11/12/2001
<b>Decision Date:</b>	10/06/2015	<b>UR Denial Date:</b>	07/02/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/27/2015

### 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: Pennsylvania, Ohio, California  
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 68 year old female who sustained an industrial injury on 11-12-2001. Mechanism of injury occurred when she was reaching for a box in the stockroom. Diagnoses include cervicogenic migraine and cervical myofascial pain status post cervical fusion, cervical radiculopathy and knee pain, depressive disorder with anxiety. Treatment to date has included diagnostic studies, medications, status post right knee arthroscopy surgery, cortisone injections to her knee, therapy, and a home exercise program. Medications include Flexeril, Neurontin, and Cymbalta, Mirapex, Imitrex, and Norco. A physician progress note dated 06-24-2015 documents the injured worker complains of neck pain, bilateral shoulder pain-greater in the right shoulder. She rates her pain as 7-8 out of 10 with medications and greater than 10 without medications. Cervical spine range of motion is restricted and painful. He has 3 out of 6 grip strength and a positive Spurling's. Several documents within the submitted medical records are difficult to decipher. Treatment requested is for Norco 10/325 mg #150, and Mirapex ER 1.5 mg #30.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 10/325 mg #150: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use.

**Decision rationale:** MTUS discusses in detail the 4 As of opioid management, emphasizing the importance of dose titration vs. functional improvement and documentation of objective, verifiable functional benefit to support an indication for ongoing opioid use. The records in this case do not meet these 4As of opioid management and do not provide a rationale or diagnosis overall for which ongoing opioid use is supported. Therefore this request is not medically necessary.

**Mirapex ER1.5 mg #30:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Physicians' Desk Reference (PDR) 2015 and the Merck Manual of Diagnosis and Therapy, Professions Version.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation FDA Approved Labeling Information for Mirapex.

**Decision rationale:** FDA approved labeling information recommends Mirapex for Parkinson's Disease or Restless Leg Syndrome. The records in this case do not clearly document either of these diagnoses, a rationale or indication for this medication is not apparent. This request is not medically necessary.