

<b>Case Number:</b>	CM15-0162988		
<b>Date Assigned:</b>	08/31/2015	<b>Date of Injury:</b>	07/23/2007
<b>Decision Date:</b>	10/15/2015	<b>UR Denial Date:</b>	08/05/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/19/2015

### 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

Certification(s)/Specialty: Emergency Medicine

### 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 31-year-old female who sustained an industrial injury on 7-23-07. The injured worker was diagnosed as having De Quervain's tenosynovitis, cervical spondylosis without myelopathy, facet arthropathy; cervical, kyphosis and headache. Currently, the injured worker reported chronic pain in the neck, left shoulder and bilateral wrists as well as frequent headaches. Previous treatments included physical therapy, acupuncture treatment, chiropractic treatments, oral pain medication, topical analgesics, muscle relaxants, exercise, ice, heat and splinting. Previous diagnostic studies were not included. Work status was noted as permanent and stationary. The injured workers pain level was noted as 6 out of 10. Physical examination was notable for tenderness to palpation to paraspinals and facet pillars in the cervical region, tenderness to palpation to thoracic paraspinal and trapezial region with decreased sensation and range of motion noted. The plan of care was for Norco 10-325 milligrams quantity of 120.

### 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 Medical Treatment 2009.

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

**Decision rationale:** Norco is acetaminophen and hydrocodone, an opioid. Patient has chronically been on an opioid pain medication. As per MTUS Chronic pain guidelines, documentation requires appropriate documentation of analgesia, activity of daily living, adverse events and aberrant behavior. Patient shows some benefit with documented improvement in pain and some subjective improvement in functional status. There is no noted aberrant behavior or side effects. There is no documentation of long-term plan or plan to wean patient from opioid therapy. While patient does gain some benefit from opioid therapy but the lack of long-term plan or objective improvement in functional status does not support continued opioid therapy as per guidelines. Norco is not medically necessary.