

<b>Case Number:</b>	CM15-0199151		
<b>Date Assigned:</b>	10/14/2015	<b>Date of Injury:</b>	05/25/2012
<b>Decision Date:</b>	11/24/2015	<b>UR Denial Date:</b>	09/30/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/09/2015

### 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: Florida

Certification(s)/Specialty: Family Practice

### 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 56 year old female, who sustained an industrial injury on 5-25-2012. The medical records indicate that the injured worker is undergoing treatment for displacement of cervical intervertebral disc without myelopathy, brachial neuritis or radiculitis, carpal tunnel syndrome, and ankylosis of joint (site unspecified). According to the progress report dated 9-15-2015, the injured worker presented with complaints of ongoing neck pain with radiation down her left arm. In addition, she notes that she is having increasing right tendon pain in the flexor and epicondyles. The level of pain is not rated. The physical examination of the cervical spine reveals decreased range of motion in all planes, positive Spurling's maneuver, and diminished sensation in the dorsum of the thumb. The current medications are Naproxen, Norco (since at least 4-24-2015), and Ibuprofen. Previous diagnostic studies include electrodiagnostic testing and MRI of the cervical spine. Treatments to date include medication management. Work status is described as modified duties. The original utilization review (9-30-2015) partially approved a request for Norco #60 (original request was for #90).

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 10/325mg #90 3 times a day:** 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:** In accordance with California MTUS guidelines, narcotics for chronic pain management should be continued if "(a) if the patient has returned to work, (b) if the patient has improved functioning and pain." MTUS guidelines also recommend that narcotic medications only be prescribed for chronic pain when there is evidence of a pain management contract being upheld with proof of frequent urine drug screens. Regarding this patient's case, there is no objective evidence of continued functional improvement. Likewise, this requested chronic narcotic pain medication is not medically necessary.