

<b>Case Number:</b>	CM15-0023858		
<b>Date Assigned:</b>	02/13/2015	<b>Date of Injury:</b>	03/01/2010
<b>Decision Date:</b>	04/06/2015	<b>UR Denial Date:</b>	01/20/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/09/2015

### 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: California, Washington

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

### 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 61-year-old male who reported an injury on 03/10/2010. The mechanism of injury was not stated. The current diagnoses include herniated cervical disc with radiculopathy, recurring internal derangement of the left shoulder, status post left shoulder surgery, carpal tunnel syndrome on the right, carpal tunnel syndrome on the left, and right shoulder strain/sprain. The injured worker presented on 01/05/2015 for a follow-up evaluation with complaints of neck pain, upper back pain, bilateral shoulder pain, and wrist/hand pain. Upon examination, there was 40 degree cervical flexion, 50 degree extension, 60 degree rotation, and 30 degree bending. There was tightness, spasm, and muscle guarding at the trapezius, sternocleidomastoid and strap muscles bilaterally. There was positive foraminal compression test and positive Spurling's maneuver bilaterally. Recommendations included 6 sessions of chiropractic therapy and continuation of the current medication regimen of Norco 10/325 mg. There was no Request for Authorization form submitted for this review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

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

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-82.

**Decision rationale:** California MTUS Guidelines state a therapeutic trial of opioids should not be employed until the injured worker has failed a trial of non-opioid analgesics. Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects should occur. In this case, the injured worker has continuously utilized the above medication since at least 11/2014. There is no documentation of objective functional improvement. There is also no mention of a failure of non-opioid analgesics. The request as submitted also failed to indicate a frequency. Given the above, the request is not medically appropriate.