

<b>Case Number:</b>	CM15-0057112		
<b>Date Assigned:</b>	04/01/2015	<b>Date of Injury:</b>	09/01/2009
<b>Decision Date:</b>	05/01/2015	<b>UR Denial Date:</b>	03/17/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/25/2015

### 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 48 year old female who sustained an industrial injury on 9/1/2009. Her diagnoses, and/or impressions, included: calcifying tendonitis and impingement of left shoulder; sprained right shoulder; myofascial pain syndrome secondary to shoulder injury; sprained left superior glenoid labrum lesion; cervical discitis and cervicgia; discogenic cervical spine pain and myospasm; and thoracic strain. Current magnetic resonance imaging studies, cervical spine, were noted to have been done on 3/3/2015. Her treatments have included medication management and remaining off work. The progress notes of 3/9/2015 reports worsened neck pain after cooking activities, and the request for a refill of Norco. Also noted is no recent urine toxicology screen due to recent urinary infection, and that she is currently not working. The recent history notes that she has daytime foginess and that her pain is better controlled at higher doses of Norco. The physician's request for treatment included Norco for pain.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 7.5mg/325mg 1 tablet PO every 6 hours PRN pain #45:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use; Weaning of Medications.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, On-Going Management, Opioids for Chronic Pain Page(s): 78-82.

**Decision rationale:** The requested Norco 7.5mg/325mg 1 tablet PO every 6 hours PRN pain #45 , is not medically necessary. CA MTUS Chronic Pain Treatment Guidelines, Opioids, On-Going Management, Pages 78-80, Opioids for Chronic Pain, Pages 80-82, recommend continued use of this opiate for the treatment of moderate to severe pain, with documented objective evidence of derived functional benefit, as well as documented opiate surveillance measures. The injured worker has chronic neck pain. The treating physician has not documented VAS pain quantification with and without medications, duration of treatment, objective evidence of derived functional benefit such as improvements in activities of daily living or reduced work restrictions or decreased reliance on medical intervention, nor measures of opiate surveillance including an executed narcotic pain contract or urine drug screening. The criteria noted above not having been met, Norco 7.5mg/325mg 1 tablet PO every 6 hours PRN pain #45 is not medically necessary.