

<b>Case Number:</b>	CM14-0105670		
<b>Date Assigned:</b>	07/30/2014	<b>Date of Injury:</b>	06/21/2008
<b>Decision Date:</b>	10/10/2014	<b>UR Denial Date:</b>	06/17/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/07/2014

### 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. The expert reviewer is Board Certified in Orthopedic Surgery and is licensed to practice in Pennsylvania. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 claimant is a 52-year-old who sustained an injury to the cervical spine and low back in a work related accident on 06/21/08. The clinical records provided for review included the 06/05/14 progress report noting continued neck, bilateral upper extremity and low back complaints despite the claimant's current medication regimen. The physical examination showed diminished sensation in the C6-7 dermatome of the right upper extremity with atrophy over the right hand. There is positive Tinel's testing at the wrist and right elbow. An examination of the thoracic spine revealed tenderness to palpation and restricted range of motion. There was no lumbar examination documented. The recommendation at that time was for continuation of medication management to include Norco. There was no clinical imaging or documentation of other forms of conservative care identified for this claimant.

### 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 Treatment Guidelines Opioids, criteria for use, Acetaminophen, Hydrocodone Page(s): 74-.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids-Criteria For Use Page(s): 76-80.

**Decision rationale:** Based on California MTUS Chronic Pain Medical Treatment Guidelines, continued narcotic management with Norco in this case would not be supported. The documentation describes that the claimant has chronic complaints of pain with no acute clinical findings. There is also no documentation that the claimant is receiving any benefit from his current medication regimen or dosage of decrease in pain or increase in overall function as recommended by the Chronic Pain Guidelines. Without documentation of benefit or functional improvement as assessed by subjective complaints and activity levels, the request for Norco in this individual's continued course of care would not be supported.