

<b>Case Number:</b>	CM14-0133082		
<b>Date Assigned:</b>	08/22/2014	<b>Date of Injury:</b>	02/10/2012
<b>Decision Date:</b>	10/22/2014	<b>UR Denial Date:</b>	08/04/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/20/2014

### 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 Internal Medicine, and is licensed to practice in California. 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 injured worker is a 42 year old male who reported an injury on February 12, 2012 to his cervical region. The clinical note dated 01/27/14 indicates the injured worker having previously undergone a cervical fusion at C5-6 and C6-7 in October of 2013. The injured worker reported ongoing range of motion restrictions at the neck and left shoulder. Upon exam, the injured worker was identified as having a positive impingement sign at the left shoulder. The injured worker demonstrated no neurologic deficits. The therapy note dated 03/11/14 indicates the injured worker having been prescribed the use of Hydrocodone. The note indicates the initial injury occurred in February of 2012 as a work related incident. The injured worker continued with complaints of severe neck pain as well as severe left shoulder pain. The injured worker rated the pain as 4-7/10 at that time. The clinical note dated 04/07/14 indicates the injured worker having a normal gait. The injured worker was recommended to continue with physical therapy at that time. The clinical note dated 06/02/14 indicates the injured worker continuing with neck and left shoulder pain. The injured worker continued with a positive impingement sign with a positive supraspinatus test. Tenderness continued at the cervical spine with occipital tenderness bilaterally. The clinical note dated 07/24/14 indicates the injured worker continuing with 7/10 pain.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 10/325 mg Quantity 180:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use Page(s): 77.

**Decision rationale:** Continued opioid therapy is indicated for injured workers who have demonstrated functional improvements in addition to the appropriate documentation of ongoing pain relief. No documentation was submitted regarding the functional benefits or any substantial functional improvement obtained with the continued use of this medication. As the clinical documentation provided for review does not support an appropriate evaluation for the continued use of narcotics as well as establish the efficacy of narcotics, the medical necessity of this medication cannot be established at this time.