

<b>Case Number:</b>	CM14-0180611		
<b>Date Assigned:</b>	11/05/2014	<b>Date of Injury:</b>	08/11/1998
<b>Decision Date:</b>	12/10/2014	<b>UR Denial Date:</b>	10/09/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/30/2014

### 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 Geriatrics and is licensed to practice in New York. 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 63 year old woman with a date of injury of 8/11/98. She was seen in consultation on 10/1/14 with complaints of neck pain with right arm and shoulder pain as well as left hip pain at the bone harvest site. She is status post neck, right knee, right shoulder and left hip surgery. Her exam showed pain and decreased range of motion of the right shoulder, 4/5 right leg strength and normal sensation and reflexes. Straight leg raises and provocative testing was negative. She had pain in her back with range of motion. Her diagnoses were cervicalgia, cervical radiculopathy, right shoulder pain, bilateral knee pain and diffuse polyarthralgia. She has been treated with physical therapy and an evidence based functional restoration approach including a directed home exercise program. At issue in this review is the reinitiation of Norco. She was previously on Lortab and Celebrex. Celebrex was also restarted.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 7.5/325mg #30:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-80.

**Decision rationale:** This 63 year old injured worker has chronic back pain with an injury sustained in 1998. Her medical course has included numerous diagnostic and treatment modalities including surgery and intermittent use of several medications including narcotics and NSAIDs. In opioid use, ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects is required. Satisfactory response to treatment may be reflected in decreased pain, increased level of function or improved quality of life. The MD visit of 10/14 fails to document any goals for pain and functional status or a discussion of potential side effects to justify use. Additionally, she is concurrently being prescribed NSAIDs and is undergoing a functional restoration program. The medical necessity of Norco is not substantiated and therefore, the request for Norco 7.5/325mg #30 is not medically necessary and appropriate.