

<b>Case Number:</b>	CM14-0096773		
<b>Date Assigned:</b>	07/28/2014	<b>Date of Injury:</b>	06/02/2010
<b>Decision Date:</b>	10/01/2014	<b>UR Denial Date:</b>	06/03/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/25/2014

### 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 Physical Medicine & Rehabilitation, 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 51-year-old female who reported an injury on 06/02/2010. The mechanism of injury involved a fall and a physical attack. Current diagnoses include cervical/trapezial musculoligamentous sprain/strain, cervical disc protrusion, thoracolumbar musculoligamentous sprain/strain, bilateral shoulder sprain/strain, right wrist first carpometacarpal joint arthralgia, left knee sprain, status post bilateral lower extremity bite, and psychiatric complaints. The injured worker was evaluated on 06/25/2014 with complaints of left shoulder pain and ongoing neck pain with numbness and tingling in the upper extremities. Physical examination revealed tenderness to palpation over the periscapular musculature, trapezius tenderness, crepitus, positive impingement and cross arm testing, limited left shoulder range of motion, weakness with flexion and abduction of the upper extremity, paravertebral muscle spasm and tenderness, radicular symptoms in the bilateral hands, diminished cervical range of motion, and decreased sensation along the C6 dermatome. It is noted that the injured worker was pending an agreed medical re-evaluation on 07/11/2014. The current medication regimen includes Norco 10 mg. Treatment recommendations at that time included continuation of the current medication regimen and home exercise program. There was no DWC Form RFA submitted on the requesting date.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 10/325mg, #120:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Short-acting Opioids Page(s): 75, 78.

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

**Decision rationale:** The California MTUS Guidelines state a therapeutic trial of opioids should not be employed until the patient 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. The injured worker has continuously utilized this medication since 11/2013. There is no documentation of objective functional improvement. There is also no frequency listed in the request. As such, the request is not medically necessary.