

<b>Case Number:</b>	CM15-0014589		
<b>Date Assigned:</b>	02/02/2015	<b>Date of Injury:</b>	08/19/2005
<b>Decision Date:</b>	03/30/2015	<b>UR Denial Date:</b>	01/12/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/26/2015

### 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, Washington

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

### 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 45-year-old female who reported an injury on 08/19/2005 due to cumulative trauma while performing normal job duties. The injured worker reportedly sustained an injury to her cervical spine resulting in dystonia and ultimately causing complex regional pain syndrome symptoms. The injured worker's treatment history included a spinal cord stimulator implantation, Botox injections, and multiple medications. The injured worker was evaluated on 12/19/2014. It was documented that the injured worker had significant pain complaints of the cervical spine. The injured worker's medications included Norco 10/325 mg, Ultracet, Anaprox, Valium, baclofen, Zanaflex, Topamax, Xanax, Ambien, Prilosec, Reglan, Zofran, Fioricet, Lidoderm, and medicinal marijuana. Objective findings included tenderness to palpation to the trapezius musculature and right cervical musculature. It was noted that the injured worker had significant dystonia symptoms and myospasm along the right sternocleidomastoid and trapezius muscle. The injured worker had restricted range of motion secondary to muscle spasming. The injured worker's treatment plan included Botox injections and continuation of medications. No Request for Authorization form was submitted to support the request.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**120 Tablets of Norco 10/325 mg:** Upheld

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

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

**Decision rationale:** The requested 120 tablets of Norco 10/325 mg are not medically necessary or appropriate. California Medical Treatment Utilization Schedule recommends continued opioid usage be based on documented functional benefit, evidence of pain relief, managed side effects, and evidence that the injured worker is monitored for aberrant behavior. The clinical documentation submitted for review does not provide an adequate assessment of the injured worker's pain relief or documentation of functional benefit. The clinical documentation does indicate that the injured worker is monitored for aberrant behavior with urine drug screens. However, given the lack of documentation to support the efficacy of this medication, continued use would not be supported. Furthermore, the request as it is submitted does not clearly identify a frequency of use. In the absence of this information, the appropriateness of the request itself cannot be determined. As such, the requested 120 tablets of Norco 10/325 mg are not medically necessary or appropriate.