

<b>Case Number:</b>	CM15-0014742		
<b>Date Assigned:</b>	02/02/2015	<b>Date of Injury:</b>	10/17/2002
<b>Decision Date:</b>	03/26/2015	<b>UR Denial Date:</b>	01/05/2015
<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, Arizona

Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 48-year-old female who reported an injury on 10/17/2002, due to an unspecified mechanism of injury. On 01/16/2015, she presented for an evaluation regarding her work related injury. She reported cervical, thoracic, and lumbar spine discomfort rated at a 7/10. She was noted to be taking Zohydro and Norco, but stated that the Zohydro made her drowsy and was to be discontinued. A physical examination showed slight paracervical muscle spasms; with decreased range of motion of flexion, extension, and left lateral bending to 80% of normal; and right lateral flexion 70% of normal. Lumbar spine examination showed point tenderness over the left SI region and left sacrum with no tenderness of the coccygeal region. Flexion and left lateral flexion were noted to be 60% of normal; extension was 50% of normal; and right lateral flexion was 80% of normal. She had a positive straight leg raise at 70 degrees in the sitting position, causing posterior calf and left leg pain, negative on the left; and Lasgue's was negative bilaterally. There was also slight tenderness over the volar and dorsal aspect of the wrist, left greater than right with normal range of motion; and positive Finkelstein's on the left, mildly positive on the right. Left hip examination showed negative tenderness and good range of motion; and thoracic spine showed slight tenderness and mild spasm over the parathoracic muscles in the interscapular region. The treatment plan was for Norco 10/325 mg #120. The rationale for treatment was to treat the injured worker's pain.

### 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 Opioids. Decision based on Non-MTUS Citation ODG -Pain (Chronic) Hydrocodone/Acetaminophen

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

**Decision rationale:** The California MTUS Guidelines indicate that an ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects should be performed during opioid therapy. The documentation provided does not show that the injured worker has had a quantitative decrease in pain or an objective improvement in function with the use of this medication to support its continuation. Also, no official urine drug screens or CURES reports were provided for review to validate that she is being compliant with her medication regimen. Furthermore, the frequency of the medication was not stated within the request. Therefore, the request is not supported. As such, the request is not medically necessary.