

<b>Case Number:</b>	CM15-0126666		
<b>Date Assigned:</b>	07/13/2015	<b>Date of Injury:</b>	02/22/2006
<b>Decision Date:</b>	08/11/2015	<b>UR Denial Date:</b>	06/24/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/30/2015

### 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: Maryland

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

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This 58 year old female sustained an industrial injury on 2/22/06. She subsequently reported neck and shoulder pain. Diagnoses include cervicgia, cervical radiculopathy and cervical degenerative disc disease. Treatments to date include x-ray and MRI testing, shoulder and elbow surgery, physical therapy and prescription pain medications. The injured worker continues to experience neck and bilateral shoulder pain. Upon examination, there is tenderness and tightness in the cervical region with restriction in range of motion. Right shoulder is tender to touch and range of motion is reduced. A request for Norco medication was made by the treating physician.

### 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.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Ongoing management Page(s): 78-80.

**Decision rationale:** Norco 10/325mg #120 is not medically necessary as written per the MTUS Chronic Pain Medical Treatment Guidelines and a review of the submitted documentation. The MTUS states that a satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. The documentation indicates that the patient is trying to wean down on her Norco and that she is working full time currently. The documentation indicates that the patient was recommended to have a modified prescription of Norco from #120 to #80 in response to a progress note dated 4/20/15. The documentation indicates that per a 5/15/15 progress note the patient is trying to wean her Norco, however the request was again made for Norco quantity #120. A review of documentation indicates that the patient should not have had to refill Norco prior to June 10,2015, therefore the request for Norco again for the quantity #120 is not necessary as written as it exceeds the prior quantity of 80 that was recommended on prior peer reviews. Therefore the request for Norco is not medically necessary as written.