

<b>Case Number:</b>	CM15-0023290		
<b>Date Assigned:</b>	02/12/2015	<b>Date of Injury:</b>	03/22/2004
<b>Decision Date:</b>	04/01/2015	<b>UR Denial Date:</b>	01/07/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/06/2015

### 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: Florida

Certification(s)/Specialty: Neurology, 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 58 year old female, who sustained an industrial injury on March 22, 2004. The diagnoses have included displacement of cervical intervertebral disc without myelopathy, lumbar pain and headache. A progress note dated November 27, 2014 provided the injured worker complains of neck pain radiating to head and shoulders down arms to fingers with numbness, weakness and tingling. Physical exam notes positive Tinel's bilaterally and diminished sensation bilaterally in upper extremities. On January 7, 2015 utilization review modified a request for Norco 10/325mg #180. The Medical Treatment Utilization Schedule (MTUS) Chronic Pain guidelines were utilized in the determination. Application for independent medical review (IMR) is dated February 6, 2015.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 10/325mg #180:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 9, 74, and 78-97.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation official disability guidelines, opioids.

**Decision rationale:** The medical records indicate a chronic pain condition but does not indicate specific functional gain in relation to ongoing opioid therapy. There is no indication of objective functional benefit in regard to the treatment in terms of ADLs. ODG guidelines support opioids for short term use when there is demonstrated functional gain and ongoing opioid mitigation. As the medical records do not support these being present, the medical records do not support opioid therapy.