

<b>Case Number:</b>	CM15-0067766		
<b>Date Assigned:</b>	04/15/2015	<b>Date of Injury:</b>	05/18/2009
<b>Decision Date:</b>	05/19/2015	<b>UR Denial Date:</b>	04/07/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/09/2015

### 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: Texas, Florida

Certification(s)/Specialty: Anesthesiology, 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:

This 42 year old female sustained an industrial injury the jaw, shoulder and neck on 5/19/09. Previous treatment included physical therapy, acupuncture, massage, trigger point injections, Botox injections, mouth guard, bracing and medications. In a note dated 2/20/15, the injured worker complained of worsening jaw pain with radiation to the neck. The injured worker reported having trouble eating. The injured worker reported that Norco was helpful but gave her strange sensations. Physical exam was remarkable for bilateral temporomandibular joint tenderness to palpation with temple and post auricular pain, limited range of motion to the neck with tightness and muscle spasms and full range of motion to the shoulders and wrists with mild left apprehension sign. Current diagnoses included jaw pain, shoulder pain, neck pain secondary to jaw pain and depression. The pain score was rated at 3/10 with medications and 8/10 without medication. The treatment plan included physical therapy for neck pain twice a week for three weeks, trigger point injections and a prescription for Norco. The medications listed are Norco and Motrin.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 10/325 mg Qty 60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 75, 78, 91.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2 Page(s): 42-43, 74-96, 124. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter Opioids.

**Decision rationale:** The CA MTUS and the ODG guidelines recommend that opioids can be utilized for the treatment of exacerbation of musculoskeletal pain that did not respond to standard treatments with NSAIDs and PT. The chronic use of opioids can be associated with the development of tolerance, addiction, dependency, sedation and adverse interaction with other sedatives. The records indicate that the use of opioids is not limited to the period of exacerbation of pain. The patient reported adverse effects related to opioid use. There is no documentation of guidelines required compliance monitoring of serial UDS, CURES data checks and functional restoration. The patient reported significant pain relief with acupuncture, PT and Motrin. The request is not medically necessary.