

<b>Case Number:</b>	CM15-0076569		
<b>Date Assigned:</b>	04/28/2015	<b>Date of Injury:</b>	02/14/2014
<b>Decision Date:</b>	05/29/2015	<b>UR Denial Date:</b>	04/14/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/21/2015

### 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, North Carolina  
 Certification(s)/Specialty: Family Practice

### 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 to the head, low back, neck, right shoulder, right wrist and hand and right knee on 2/14/14. Previous treatment included magnetic resonance imaging, x-rays, physical therapy, injections, psychological care, home exercise and medications. In a PR-2 dated 3/5/15, the injured worker complained of ongoing low back, knee and shoulder pain rated 6-8/10 on the visual analog scale. The injured worker reported that recent Botox injection (1/2015) gave relief for about two months but her pain had gradually returned over the last week. The injured worker was requesting another Botox injection. Current diagnoses included chronic neck and upper extremity pain and chronic low back and bilateral extremity pain. The treatment plan included a one month supply of Norco, continuing exercise and a Botox injection for the next visit.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retrospective Norco 10/325 mg #90 DOS 3/5/15 RFA 3/16/15: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines weaning of medications, opioids Page(s): 76-80.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids for chronic pain Page(s): 78-80.

**Decision rationale:** This claimant is one year status post multiple injuries from falling down a flight of stairs. She continues to complain of chronic pain in multiple regions of her body. She has been treated with chronic opioid therapy in the form of Norco 5/325 mg, #120/month. She is currently taking Norco 10/325mg, #90/month, an increased morphine dose equivalent. The records reveal a lack of efficacy of prior narcotics use in terms of reducing pain and increasing function. The MTUS does not recommend narcotics for long-term use. The request is deemed not medically necessary.