

<b>Case Number:</b>	CM13-0055527		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	02/24/2004
<b>Decision Date:</b>	03/21/2014	<b>UR Denial Date:</b>	11/08/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/21/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine and Rehabilitation and is licensed to practice in California. 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 physician 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 patient is a 43-year-old male injured when he slipped and fell on 02/24/2004, a 911 was called where he was taken to Mission Hospital and told he had an exploded disc in the neck. Prior treatment included surgery on neck 02/24/2004. Medications list included Norco 10/325 mg 2-6; Valium 10 mg 1-2; Propose 20 mg; Restore 30 mg; Opine ER 20 mg, third. porn; Lora 10/500, 5-6 tabs; MS Contain 30mg 1 tab; Remer on 15mg 1-2 q.h.s. 10/02/2013 [REDACTED] noted the patient was taking OxyContin 40 mg 3x and Norco 10/325 up to 6X a day. Coast Pain Management 09/25/2013 noted medications: Lortab 10/500 and MS Contin 30mg. Urine toxicology and Medi-lab report dated 12/12/2013 showed positive for Hydrocodone, Oxycodone and Oxymorphone. 09/30/2013, AP & Lateral digital radiograph series of the cervical spine, 09/19/2013, MRI scans of the lumbar spine, 03/21/2013, MRI right shoulder 02/27/2013, MRI of the thoracic spine, 12/14/2012, plain film of the abdomen 06/25/2012, EMG/NCS of UEs, 05/09/2012 cervical spine MRI. A clinic note dated 11/04/2013 indicated patient complained of total body pain with burning, stabbing and numbing pain and said it all hurt but patient's face was non-painful. Pain level rated 4 out of 10 at rest and 8 out of 10 with activity. On physical exam, there were surgical scars present both at back and front of the neck. There was a 6 cm scar at the back of the neck in the midline with very visible and palpable evidence of excision of bone of the cervical spine, but minimally tender. A 6 cm scar along the anterior border of the sternomastoid muscle on the right side of the midline of the cervical spine is likewise present. Puncture wounds surrounded the right shoulder for arthroscopic surgery. The patient has reached maximum medical improvement and is permanent and stationary. Objective findings: On examination of the cervical musculature, there was notable tenderness in the posterior cervical paraspinal muscles, especially on the right, medial scapular region and Trapezius muscle. Patient has decreased range of motion bilaterally in the shoulders. On the

right, patient can abduct to about 90°, on the left about 120°. There was decreased sensation along the posterior lateral arm and forearm bilaterally, right more than left, except the left radial aspect of the forearm has less sensation than the right. There was global decreased strength in the upper extremities with abduction of the shoulders and flexion and extension at the elbows. There was decreased grip strength on the right when compared to the left. The patient forward flexes bringing his chin about three fingerbreadths from the sternum. Extension is approximately 10°. Examination of the posterior thoracic musculature reveals decreased sensation to light touch over the right trunk in approximately T7 to T10 dermatomal distribution. Examination of the posterior lumbar musculature reveals tenderness to palpation bilaterally with increased muscle rigidity. There were numerous trigger points that are palpable and tender throughout the lumbar paraspinal muscles. The current request is for Norco 10/325 mg #180.

### **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:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 76-82.

**Decision rationale:** As per Chronic Pain Medical Treatment Guidelines, continued use of Opioids is recommended when patient has returned to work and the patient has improved functioning and pain. There is documentation that the last time he worked was in 2009/2010. Guidelines indicated "Four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on Opioids: pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or nonadherent) drug-related behaviors. These domains have been summarized as the "4A's" (analgesia, activities of daily living, adverse side effects, and aberrant drug-taking behaviors). The provider is monitoring the compliance of prescribed medication with urine drug screening and showed no evidence of abuse or aberrant behaviors. However, there is no evidence of objective functional improvement with the use of this medication. Additionally, as per the note dated 10/02/2013, patient is taking OxyContin 40 mg TID and Norco 10/325 up to 6 times a day, which exceeds the guidelines recommended 120-180 mg morphine equivalents a day. Thus, the request for Norco 10/325 mg #180 is non-certified. Guidelines also recommend slow tapering/weaning process for individuals using Opioids for long-term due to risk of withdrawal symptoms.