

<b>Case Number:</b>	CM13-0063339		
<b>Date Assigned:</b>	01/17/2014	<b>Date of Injury:</b>	07/30/2005
<b>Decision Date:</b>	05/20/2014	<b>UR Denial Date:</b>	11/21/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/09/2013

### 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 & 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:

A progress note dated 05/23/2013 documented the patient with complaints of increasing neck pain which is rated as 5/10 on VAS (visual analog) scale. Pain is an intermittent pain that can increase to a sharp, shooting pain that is tingling and burning in sensation radiating into her head and down her left arm. Exacerbating factors include using her neck and left arm. A progress note dated 08/02/2013 documented the patient now has decreased neck pain which is rated 7/10 on the VAS scale. Pain is an intermittent pain that can increase to a sharp, shooting pain that is tingling and burning in sensation radiating into her head and down her left arm. The only alleviating factors are trigger point injections, H-wave, using an arm band and immobility and oral pain medications. Objective findings on exam reveal cervical flexion, extension and lateral rotation are limited to 45 % of normal on right and 0% on left due to cervical myofascial pain and spasm. On deep palpation of the trapezius and levator scapulae muscles, there are significant spasm and twitching of the muscle bellies. These are visual muscle twitches in the trapezius muscles bilaterally. There is also significant point tenderness at various points along the muscles as well as the deep cervical fascia. Muscle spasms in the neck limit activities of daily living and increase the need for increased pain medication. Extension causes facet-loading pain, and palpation of the cervical facets also elicit facet tenderness. On paraspinal rotation with flexion, the patient is able to elicit the radicular pain into the left arm. Motor function is 5/5 in bilateral upper extremities but there is weakness with left hand grip strength. Sensory perception is intact to light touch in bilateral upper extremities but with some paresthesias including radial and median nerve distribution. Right hand is painful to passive range of motion and palpation. Right hand is unable to close a fist with numbness and pain. Right hand is unable to hold objects without dropping them. Also the right hand limits the activities of daily living. There is decreased sensation and 5-/5 motor. Assessment: The

patient suffers from chronic neck pain due to degenerative disc disease with facet osteoarthropathy.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**PRESCRIPTION OF NORCO 10/325MG, 1 TABLET 3 TIMES DAILY, #90:** 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, CRITERIA FOR USE Page(s): 76-94.

**Decision rationale:** According to the California MTUS guidelines, opioids are recommended for moderate to moderately severe pain. The Guidelines indicate, "four domains 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 "4 A's" (analgesia, activities of daily living, adverse side effects, and aberrant drug taking behaviors)." In this case, this employee has chronic neck pain and has been prescribed this medication chronically. This employee has consistently reported the neck pain as 5/10 on the VAS scale from February to May 2013, 8/10 in June 2013, and 7/10 in August 2013. There is no documentation of objective functional improvement or reduction in pain level with the use of this medication. Additionally, a urine drug screen done on 03/28/2013 was negative for the prescribed medications. Thus, the request is not considered medically necessary and hence is non-certified.