

<b>Case Number:</b>	CM13-0064466		
<b>Date Assigned:</b>	01/03/2014	<b>Date of Injury:</b>	04/20/2000
<b>Decision Date:</b>	07/21/2014	<b>UR Denial Date:</b>	11/12/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/11/2013

### 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. The expert reviewer is Board Certified in Occupational Medicine 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 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/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 59 year old male who was injured on 04/20/2000. The mechanism of injury is unknown. Prior treatment history has included medications as follows: Opana ER 30 mg bid, Norco, Flexeril occasionally for neck and shoulder girdle spasms, Prozac and Wellbutrin. Progress note dated 10/31/2013 documented the patient to have complaints of constant pain across neck and shoulder girdle area and constant burning sensation in shoulders. He has frequent headaches at the base of the skull. He also reports low back pain. He reports his neck pain is 8/10 and back 7/10. He has been using psychotropic medications. He states he takes hypertensive medications. He reports at least 50% functional improvement with taking the medications versus not taking them at all. Objective findings on exam his neck range is quite limited. He can rotate right to left to only 40 degrees, flex and extend 120 degrees. Cervical compression causes some neck pain that radiate down his left shoulder blade area. Palpation reveals rather significant muscle rigidity across the cervical paraspinal and cervical trapezius muscles suggesting muscle spasm. Motor strength, sensation and deep tendon reflexes appear to be grossly intact in the upper extremities. Loss of cervical lordotic curvature suggesting intrinsic muscle spasm in the cervical spine. His lumbar trunk range is limited. He can forward flex about 30 degrees grasping his thighs, extension to 10 degrees. Motor strength, sensation, and deep tendon reflexes are grossly intact in the lower extremities. He is able to ambulate on his toes and heels. Urine drug screens have been appropriate. He shows no signs of abusing medication. He is on the very minimum dose of narcotics to maintain level of function. There is evidence of functional re-evaluation demonstrating objective evidence of functional improvement with the continued use of the pain medication over baseline.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**120 NORCO 10/325MG:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids dosing Page(s): 86-87.

**Decision rationale:** The Chronic Pain Medical Treatment guidelines for opioid dosing recommends patients dosing "not exceed 120 mg oral morphine equivalents per day, and for patients taking more than one opioid, the morphine equivalent doses of the different opioids must be added together to determine the cumulative dose." The patient is currently taking Opana 30mg twice a day and Norco 10/325mg four times a day. The utilization review company has recommended weaning of Norco previously based on the morphine equivalent dose factor. This for some reason has not been done and the patient has been continued on Norco. The requested Norco at this time is not medically necessary based on the guidelines and quantity/ dosing.