

<b>Case Number:</b>	CM13-0066624		
<b>Date Assigned:</b>	01/03/2014	<b>Date of Injury:</b>	08/03/2009
<b>Decision Date:</b>	08/06/2014	<b>UR Denial Date:</b>	12/12/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/16/2013

### 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 Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in California and Nevada. 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 injured worker is a 56 year old male who had a work related injury on 08/03/09. He was getting into the cab of his truck to attempt to get a piece of equipment, when he slipped on the top step and fell approximately eight feet, injuring his neck, and back and left hand. Eventually his right hand pain resolved after several weeks, but he continued to have neck pain and back pain. Eventually MRIs of his neck and back were obtained. He had a cervical fusion at C4-5, and because of persistent pain in 01/12 a C5 through C7 cervical fusion was performed. He also underwent lumbar decompression at L4-5 in 10/12. The patient indicated his pain was located across the base of the neck. He also experienced low back pain extending down the right leg. Most recent note dated 10/17/13 revealed a physical examination which showed decreased range of motion of cervical spine and lumbar spine secondary to pain. There was positive cervical tenderness and paraspinous muscle spasming. There was positive trapezial tenderness and spasm. There was positive lumbar tenderness and paraspinous muscle spasming. Sensation was intact over all dermatomes of the upper extremities and globally decreased over the right lower extremity and intact over the left lower extremity. Babinski sign was absent. No evidence of clonus. Negative Hoffman sign. In review of medical records, pain was always rated 5-6/10. There was no documentation of functional improvement he had urine drug screen which the majority had been consistent with prescribed medication although he had one inconsistent test in 09/13. Prior utilization review on 12/11/13 non-certified for the Norco 2.5/325mg #60. Current request was for retrospective Norco 2.5/325mg #60 with date of service of 12/05/13.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**RETROSPECTIVE NORCO 2.5/325 MG #60 WITH A DATE OF SERVICE OF 12/5/2013: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids for chronic pain Page(s): 80-82. Decision based on Non-MTUS Citation ACOEM Guidelines, Chapter 3, pages 47-48, Opioids; Official Disability Guidelines, (ODG), Pain Chapter Drug Testing, Opioids, Screening for Risk of Addiction..

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-80. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain chapter, opioid's.

**Decision rationale:** The clinical documentation reviewed does not meet current evidence based guidelines needed to support the request for Norco. There is no documentation of functional improvement or visual analog scale scores with and without medication. Therefore medical necessity has not been established. However, these medications cannot be abruptly discontinued due to withdrawal symptoms, and medications should only be changed by the prescribing physician. The request for retrospective Norco 2.5/325 mg #60 with a date of service 12/15/2013 is not medically necessary.