

<b>Case Number:</b>	CM14-0008305		
<b>Date Assigned:</b>	02/12/2014	<b>Date of Injury:</b>	11/06/2006
<b>Decision Date:</b>	07/07/2014	<b>UR Denial Date:</b>	01/10/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/22/2014

### 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 34-year-old female who has submitted a claim for chronic thoracolumbar junction pain, mild anterior wedge deformity per CT scan at T12 associated with an industrial injury date of November 6, 2006. Medical records from 2013 were reviewed. The patient complained of mid-back pain, grade 7 to 8/10 in severity. It was characterized as aching and burning in the lower neck and upper back region. There was occasional moderate spasm in the neck which limits her ability to turn her head. Symptoms increased with prolonged sitting and often alters her body position to find a more comfortable position while working. She denied radicular symptoms in the upper extremities. Physical examination showed localized pain on maximal foraminal compression test of the cervical spine. There was moderate tenderness at occiput/C1 with mild spasm. Guarding on compression of the facet regions was noted at C7, T1, T2 with mild spasm in the bilateral trapezius and levator scapula muscles bilaterally. There was moderate pain on compression at T3, T4, T5 with notable increase in thoracic kyphosis. Tinel's sign was positive at the cubital and carpal tunnels bilaterally. Mild tenderness of the intersection region on the dorsal aspect of the right wrist was noted. Radial and ulnar pulses were 1+ bilaterally. Deep tendon reflexes were 1+ bilaterally for the upper and lower extremities. Sensation was intact. MRI of the thoracic spine done on December 18, 2006 was normal. Official report of the imaging study was not made available. Treatment to date has included medications, chiropractic therapy, physical therapy, home exercise program, activity modification, and acupuncture. Utilization review, dated January 10, 2014, modified the request for (Retro DOS: 12/4/13) Norco 10/325mg qty: 90 to (Retro DOS: 12/4/13) Norco 10/325mg qty: 30 because there was no functional improvement attributable to its use. The modification was provided to facilitate a weaning process from the opiate medication.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**(RETRO DOS: 12/4/ 13) NORCO 10/325MG QTY: 90.00:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS FOR CHRONIC PAIN Page(s): 80-81.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78.

**Decision rationale:** As stated on page 78 of CA MTUS Chronic Pain Medical Treatment Guidelines, there are 4 A's for ongoing monitoring of opioid use: pain relief (analgesia), side effects (adverse side effects), physical and psychosocial functioning (activities of daily living) and the occurrence of any potentially aberrant drug-related behaviors. The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs. In this case, the patient was on opioids (Vicodin) since September 2007. The recent progress report, dated December 4, 2013, stated that she is active and working full time. She walks for exercise and gets up and down from her desk quite frequently. Her pain severity goes down from 7-8/10 to 2-3/10 with Norco. Patient was able to perform activities of daily living with its use. Quality of life has likewise improved. The guideline criteria have been met. Therefore, the request for Norco 10/325mg, quantity 90 dispensed on 12/4/ 13 is medically necessary and appropriate.