

<b>Case Number:</b>	CM14-0118755		
<b>Date Assigned:</b>	09/24/2014	<b>Date of Injury:</b>	03/17/2011
<b>Decision Date:</b>	11/06/2014	<b>UR Denial Date:</b>	07/22/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/28/2014

### 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 Physical Medicine and Rehabilitation, has a subspecialty in Pain Management 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:

This is a male patient with the date of injury of March 17, 2011. A Utilization Review was performed on July 22, 2014 and recommended modification of Norco 10-325 #70 to Norco 10-325mg #70 with no refills due to no recent documented evidence to indicate significant objective functional improvement and medication compliance. A Progress Report dated July 2, 2014 identifies Subjective findings of neck pain and left upper extremity pain. He rates his pain with medication as 2 on a scale of 1 to 10. He rates his pain without medication as 5 on a scale of 1 to 10. His activity level has increased. The patient is taking his medications as prescribed. No side effects reported. Objective Findings identify cervical spine range of motion is decreased. Spinous process tenderness is noted on C5 and C6. Tenderness is noted at the paracervical muscles and trapezius. Motor strength of grip is 4-/5 on the left. Sensation to pinprick is absent over index finger on the left side. Diagnoses identify post cervical laminectomy syndrome, disc disorder cervical, cervical radiculopathy, and shoulder pain. Treatment Plan identifies Norco for short-acting pain control.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 10/325 mg # 70 for the cervical spine:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 64, 78.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page(s): 44, 47, 75-79, 120 of 127.

**Decision rationale:** Regarding the request for Norco (hydrocodone/acetaminophen), California Pain Medical Treatment Guidelines state that Norco is an opiate pain medication. Due to high abuse potential, close follow-up is recommended with documentation of analgesic effect, objective functional improvement, side effects, and discussion regarding any aberrant use. Guidelines go on to recommend discontinuing opioids if there is no documentation of improved function and pain. Within the documentation available for review, it is noted that medications improve the patient's pain from a 5 to a 2 out of 10, no side effects are reported, and the patient is compliant with his medications. As such, the currently requested Norco (hydrocodone/acetaminophen) is medically necessary.