

<b>Case Number:</b>	CM14-0169250		
<b>Date Assigned:</b>	10/17/2014	<b>Date of Injury:</b>	08/05/2013
<b>Decision Date:</b>	11/19/2014	<b>UR Denial Date:</b>	09/26/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/14/2014

### 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 Anesthesiology, has a subspecialty in Pain 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 injured worker is a 31 year old female who had a work related injury on 08/05/13 when she was transferring a client back to bed. Prior treatments included use of a cane, physical therapy, electrical stimulation, TENS unit which worsened the condition, hot packs, and medication with benefit and exercises. Aspirin and Tylenol had no effect on symptoms. The injured worker had a MRI of the cervical spine on 01/16/14 which revealed mild discogenic changes without focal disc herniation, central spinal stenosis, or significant neural foraminal narrowing encroachment. MRI of the lumbar spine on 01/28/14 documented L5-S1 degenerative disc with focal midline disc protrusion. X-rays of the cervical spine on 01/28/14 documented C4-5 and C5-6 disc space narrowing with no evidence of fracture instability. X-rays of the lumbar spine were taken on 01/28/14 at degenerative L5-S1 disc space. A urine sample on 05/06/13 for analysis was negative for Norco, gabapentin, and Flexeril. The most recent clinical documentation submitted for review was dated 09/23/14. The injured worker returned to the office for follow up of complaints of neck and left shoulder. She continued to complain of persistent neck pain, low back pain, and left shoulder pain, difficult getting her hand above her shoulder, and with overhead activities. On physical examination of the cervical spine, forward flexion was 30 degrees, extension 20 degrees, bilateral lateral bending equal and symmetric to 25 degrees, with rotation 70 degrees bilaterally. The injured worker showed no focal neurological deficit, C4 through T1, no motor or and sensory deficit. Range of motion of shoulder was full. Both right and left. Motor power of the deltoids, biceps root, wrist dorsiflexor, wrist extensors, and intrinsic of the hand graded 5/5 bilaterally. Examination of the lumbar spine and lower extremities, there was focal tenderness on L34, L4, and L5S1 posterior spinous processes and paraspinal muscles, left greater than right bilaterally. Range of motion the patient stood in upright position forward flexed to 30 degrees, with her hands to about her knees. Extension was

limited to 10 degrees with pain into her left gluteal region. Bilateral lateral bending were asymmetric, 15 to the right and 10 to the left with pain into the left gluteal and posterior thigh. There was mild pain in the calf and foot with positive straight leg raise at about 80 degrees on the left. The diagnosis includes bilateral trapezius trigger points, cervical degenerative disc disease at C4556, lumbar disc protrusion at L45, L5S1, 1 left leg radicular symptoms. The current medications include Ibuprofen, Flexeril, Norco, and Neurontin. A prior utilization review on 09/26/14 was deemed not medically necessary. The current request is for Norco 10/325mg #60.

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

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

**Norco 10/325mg #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 91.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for Use of Opioids Page(s): 77.

**Decision rationale:** As noted on page 77 of the Chronic Pain Medical Treatment Guidelines, patients must demonstrate functional improvement in addition to appropriate documentation of ongoing pain relief to warrant the continued use of narcotic medications. There is no clear documentation regarding the functional benefits or any substantial functional improvement obtained with the continued use of narcotic medications. There are no documented VAS pain scores for this patient with or without medications. In addition, no recent opioid risk assessments regarding possible dependence or diversion were available for review. As the clinical documentation provided for review does not support an appropriate evaluation for the continued use of narcotics as well as establish the efficacy of narcotics, the medical necessity of this medication cannot be established at this time.