

<b>Case Number:</b>	CM14-0023910		
<b>Date Assigned:</b>	06/11/2014	<b>Date of Injury:</b>	08/15/2005
<b>Decision Date:</b>	07/15/2014	<b>UR Denial Date:</b>	01/24/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/25/2014

### 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 Sports 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 40 year-old female who reported an injury on 08/15/2005 due to unknown mechanism of injury. On 07/12/2013 the injured worker was seen for sprain of the neck. The chief complaint was headaches that are less frequent (4/10); neck pain (5/10) and tightness with occasional radiation down left arm; no pain in the mid back; low back pain has reduced to (3/10). The injured worker states she has more feeling in her lumbosacral area with less radiation into her left leg. Cervical range of motion is gradually increasing; palpation revealed less hypertonicity and tenderness in bilateral cervical paraspinal and left levator scapula muscle; increased lumbodorsal range of motion with less pain; palpation revealed less bilateral hypertonicity and tenderness in lumbar paraspinals, left gluteal and piriformis muscles. On 07/26/2013 the injured worker was seen for follow-up visit headaches are now less frequent and less painful (neck pain (2-4/10) is intermittent with tightness; occasional radiation down left arm; no mid back pain ;no left low back pain; right low back pain(up to 6/10) is more localized in the right sacroiliac region. Cervical range of motion much better and reduced only in flexion, left rotation and left lateral bending; can now rotate head right without radiation complaints in left lateral bending; can now rotate head right without radicular complaints in left upper extremity; positive right shoulder depression and Soto/Hall in mid back; palpation revealed less hypertonicity and tenderness in bilateral cervical paraspinal and left levator scapular muscles; increased lumbodorsal range of motion reduced only in flexion and left lateral bending less lumbar pain; positive right Patrick Fabere and right straight leg raise; palpation revealed less bilateral hypertonicity and tenderness in lumbar paraspinals, more in the right gluteal and piriformis muscles. The injured worker stated that she felt much improved after her chiropractic visits twice a week for three weeks that started on 06/25/2013. Current medication are Norco 10/325 mg #120 one tablet by mouth every 4-6 hours as needed, Tizanidine 4 mg #60 one tablet

by mouth twice a day and, Xanax 0.5 mg #30 one tablet by mouth every day. The injured worker also uses a hot/cold wrist wrap as well as a hot/cold cervical collar wrap in therapy. On 08/06/2013 there was documentation for request to continue the hot/cold wrist wrap as well as a hot/cold cervical collar wrap but there was no request for Norco 10/325 mg #120 one tablet by mouth every 4 -6 hour as needed at this time. On 02/19/2014 visit the injured worker complained of ongoing neck pain, she continues to take Norco to help alleviate her pain. She tried using a 10 mcg Butrans patch to help alleviate her pain, but states that it did not help at all.

### **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.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioid Classifications: Short-acting / Long-acting opioids Page(s): 75.

**Decision rationale:** The injured worker mentioned of having persistent neck pain. The injured worker was taking Norco, Tizanidine, and Xanax, for which she stated was working. California Medical Treatment Utilization Schedule (MTUS) guidelines state that the criteria for the use for on-going management of opioids include ongoing review and documentation of pain relief, functional status appropriate medication use, and side effects. The guideline states that the pain assessment should include: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking opioid; how long it takes for pain relief; and how long the relief lasts. The guideline also state that four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioid; pain relief; side effects physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non adherent) drug-related behaviors. The documentation submitted for review indicates that Norco was helping the injured worker. However, there was no quantified information regarding pain relief. There was a lack of documentation regarding consistent pain on a VAS scale, average pain, intensity of pain or longevity of pain relief. There was lack of documentation regarding consistent urine drug screens. In addition there was no mention of a lack of side effects. The request for on-going use of Norco is not supported by California Medical Treatment Utilization Schedule (MTUS) guideline recommendations, the request is non-certified.

**BUTRANS PATCH 20MCG #4.:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioid Classifications: Short-acting/ Long-acting opioids Page(s): 75.

**Decision rationale:** The California Medical Treatment Utilization Schedule (MTUS) states long-acting opioids; also known as "Controlled-Release" Opioids are a highly potent form of opiate analgesic. The proposed advantage of long-acting opioids is that they stabilize medication level and provide around-the-clock analgesia. On 02/19/2014 visit the injured worker stated she tried using a 10 MCG Butrans patch to help alleviate her pain but states that it did not help at all. There was lack of documentation regarding consistent urine drug screens. In addition there was no mention of a lack of side effects. The request for on-going use of Butrans Patches is not supported by California Medical Treatment Utilization Schedule (MTUS) guideline recommendations, the request is non-certified.