

<b>Case Number:</b>	CM14-0024668		
<b>Date Assigned:</b>	06/11/2014	<b>Date of Injury:</b>	09/04/2012
<b>Decision Date:</b>	08/11/2014	<b>UR Denial Date:</b>	02/22/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/26/2014

### 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, and is licensed to practice in California and Washington. 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 25-year-old who reported an injury on September 24, 2012 of an unspecified injury. The injured worker had a history of cervical, lumbar, and upper extremity pain with diagnoses of cervical radiculopathy at the C6, low back pain, sprain of the neck, sprain of the lumbar region, and syrinx of spinal cord cervical. The diagnostics dated January 10, 2013 of the lumbar spine revealed a minimal disc bulge at the L4-5 and L5-S1. The MRI of the cervical spine dated January 10, 2013 revealed a suggestion of a small syrinx of the central cord, most evident posterior at the C4-5 vertebral bodies. The injured worker also had electromyogram/nerve conduction studies to the bilateral upper extremities noted on February 6, 2013 which revealed left C6 chronic radiculitis. Per the clinical note dated February 11, 2014, the medication included Norco 10/325 mg and naproxen 550 mg. The injured worker reported on February 11, 2014 his pain level was 3/10 to 4/10 with intensity with pain medication and 8/10 to 9/10 without pain medication to the lumbar region using a VAS. The past treatments included a TENS (transcutaneous electrical nerve stimulation) unit, H-wave, and physical therapy. The objective findings noted February 11, 2014 of the lumbar spine revealed a 5/5 bilateral lower extremity strength, sensation intact but decreased over the left lateral thigh, deep tendon reflexes were a 2+ and symmetric, Babinski's sign was negative, there was increase pain with flexion and extension, straight leg raise was positive on the left. The treatment plan included continuation of medication. The request for authorization dated November 18, 2013 was submitted with documentation. No rationale was given for the request for Norco.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 10/325, ninety count,:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS FOR CHRONIC PAIN.

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

**Decision rationale:** The Chronic Pain Medical Treatment Guidelines state that Norco is a short acting opioid, which is an effective method of controlling chronic, intermittent, and breakthrough pain. The guidelines recommend the 4 domains that have been proposed as most relevant for ongoing monitoring of chronic pain in the injured worker for opioids which includes pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non-adherent) drug-related behaviors. The documentation provided did not indicate any side effects or psychosocial functioning or the occurrence of any potentially aberrant or non-adherent drug related behaviors. The documentation also did not provide evidence of opioid medication management of longevity of pain relief. The documentation did not address any side effect. The request did not address the frequency. As such, the request for Norco 10/325, ninety count, is not medically necessary or appropriate.