

<b>Case Number:</b>	CM14-0027631		
<b>Date Assigned:</b>	06/13/2014	<b>Date of Injury:</b>	04/05/2011
<b>Decision Date:</b>	07/16/2014	<b>UR Denial Date:</b>	02/26/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/04/2014

### 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 & Rehab, has a subspecialty in Interventional Spine 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 51 year old with an injury date on 4/5/11. Based on the 2/14/14 progress report provided by [REDACTED] the diagnosis is s/p work-related injury with continued chronic neck pain and arm pain. Exam on 2/14/14 showed "C-spine tender. Pain when neck flexed anteriorly, with extension, and with left/right lateral rotation. Palpation of lumbar facet reveals pain on both sides at L3-S1 region of L-spine. Pain noted over lumbar intervertebral spaces on palpation. No pain over sacroiliac joint. Palpable twitch positive trigger points in lumbar Para spinals. L-spine range of motion moderately limited." [REDACTED] is requesting Norco 10/325mg #120 for 6 months and 1 neck brace. The utilization review determination being challenged is dated 2/25/14. [REDACTED] is the requesting provider, and he provided treatment reports from 12/9/13 to 5/9/14.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**NORCO 10/325MG #120 FOR 6 MONTHS:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines CRITERIA FOR USE OF OPIOIDS Page(s): 76-78.

**Decision rationale:** This patient presents with neck and back pain and is s/p left sided hemilaminectomy L2-3 with discectomy and bilateral foraminotomies and laminectomies at L4-5 from November 2011. The provider has asked Norco 10/325mg #120 for 6 months on 2/14/14. Review of the report shows patient has been taking Norco continuously from 12/12/13 to 2/24/14. 11/26/12 AME stated patient has been taking Norco since 6/28/12 but no mention of efficacy of medication. UDS on 1/10/14 showed consistent results, as patient is only taking Norco. For chronic opioids use, MTUS guidelines require specific documentation regarding pain and function, including: least reported pain over period since last assessment; average pain; intensity of pain after taking opioid; how long it takes for pain relief; how long pain relief lasts. Furthermore, MTUS requires the 4 A's for ongoing monitoring including analgesia, ADL's, adverse side effects, and aberrant drug-seeking behavior. In this case, the patient has been taking Norco since June 2012 but included records show no mention of improvement in pain and function in relation to the opioid. Requested Norco 10/325mg #120 for 6 months is deemed not medically necessary due to lack of documentation of the 4 A's as MTUS guidelines require for continued opioid use. Recommendation is for denial.

**1 NECK BRACE:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG-TWC, Neck and Upper back section.

**Decision rationale:** This patient presents with neck and back pain and is s/p left sided hemilaminectomy L2-3 with discectomy and bilateral foraminotomies and laminectomies at L4-5 from November 2011. The treater has asked 1 neck brace on 2/14/14 due to "difficulty driving long distances." Regarding neck collars, ODG does not recommend after single-level anterior cervical fusion with plate. Low back chapter of ODG states: "There may be special circumstances (multilevel cervical fusion, thoracolumbar unstable fusion, non-instrumented fusion, mid-lumbar fractures, etc.) in which some external immobilization might be desirable." In this case, patient presents with neck/back pain but has no recent history of surgeries. Provider requests neck brace to use when patient is driving, which is not indicated per ODG guidelines. ODG recommend neck braces only for cervical/lumbar surgeries that require immobilization. Recommendation is not medically necessary.