

<b>Case Number:</b>	CM14-0034314		
<b>Date Assigned:</b>	06/20/2014	<b>Date of Injury:</b>	02/02/2013
<b>Decision Date:</b>	07/22/2014	<b>UR Denial Date:</b>	03/04/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/19/2014

### 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. 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 61-year old male who reported an injury on 02/02/2013 due to customary duties. MRI done on 08/30/2013 of the cervical spine revealed cervical musculoligamentous sprain/strain with right upper extremity radiculitis with evidence of a three-to four millimeter posterior disc bulge with bilateral uncovertebral and facet osteophytic changes, mild central spinal stenosis and moderate to severe stenosis of the bilateral neuroforaminal canals at the C6-C7 level, left paracentral disc protrusion and stenosis, bilateral uncovertebral arthrosis and mild left facet osteoarthritic changes of the left neuroforaminal canal at the C3-C4 and C5-C6 level and a three-to-four-millimeter right paracentral/foraminal. On 03/14/2014 the injured worker complained of constant neck pain that radiates to the right shoulder that was dull, aching with soreness and numbness. The injured worker pain level was 6/10. The claimant stated that the pain causes him occasional stress and lack of sleep due to the chronic pain. It was also noted that there was frequent headaches and blurred vision due to loss of consciousness. The claimant has attending Chiropractic sessions 1/8 sessions. On the physical examination done on 03/14/2014 it revealed tenderness to palpation over the paraspinal muscle guarded with spasm. The active range of motion of the cervical spine was flexion 39 degrees, extension 43 degrees, right rotation 63 degrees, left rotation 71 degrees, right lateral flexion 31 degrees and left lateral flexion was at 32 degrees. The right shoulder had tenderness to palpation over the subacromial space, acromioclavicular joint, anterior capsule, and periscapular musculature. The range of motion was not documented for the right shoulder. Medication included Norco 5/325mg, Anaprox 550mg, and Axid 150mg. Diagnoses included right cervical sprain/strain, tendinitis and bursitis and cervical musculoligamentous sprain/strain with right upper extremity radiculitis with evidence of a three-to four millimeter posterior disc bulge with bilateral uncovertebral and facet osteophytic changes, mild central spinal stenosis and moderate to severe stenosis of the bilateral neuroforaminal canals at the C6-C7 level, left paracentral disc protrusion and stenosis, bilateral uncovertebral arthrosis and mild left facet osteoarthritic changes of the left neuroforaminal canal

at the C3-C4 and C5-C6 level and a three-to-four-millimeter right paracentral/foraminal, complaints of stress, frequent headaches, blurred vision and difficulty sleeping. The treatment plan included a decision for Norco 5/325 mg tabs. The authorization for request was not submitted on 03/18/2014.

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

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

**Norco 5/325 mg tabs:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use, page(s) 78 Page(s): 78.

**Decision rationale:** The California MTUS Guidelines state that criteria for use for ongoing-management of opioids include ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. In this case, there is lack of documentation stating the efficacy of the Norco 10/325 mg of the medication. There was no documentation of provided of the injured worker conservative care to include the efficacy of the Chiropractic sessions the injured worker has attended. There was lack of evidence of opioid medication management and average pain, intensity of pain, or longevity of pain relief. There was a urine drug screen submitted for the injured worker to identify the injured worker ongoing compliance regiment of the Norco 5/325mg. In addition, the request does not include the frequency or quantity. Given the above, the request for Norco 5/325 mg tabs is not medically necessary and appropriate.