

<b>Case Number:</b>	CM14-0035200		
<b>Date Assigned:</b>	06/23/2014	<b>Date of Injury:</b>	09/26/2006
<b>Decision Date:</b>	08/15/2014	<b>UR Denial Date:</b>	03/11/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/21/2014

### 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 Internal Medicine and is licensed to practice in Maryland. 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 employee was a 42 year old male with history of neck and lower back pain following an industrial injury in 2006 due to heavy lifting. The past history was significant for lumbar fusion, peptic ulcer disease, obstructive sleep apnea, migraines, GERD and obesity. His primary symptoms were constant neck pain, radiating to both arms and hands and improved pain in lower extremities. During his office visit on 11/15/13, he rated his neck pain at 9/10 with medications. He reported that his pain was getting worse in his neck. But, he reported improvement in lower extremity pain and low back pain since the epidural steroid injections. He was taking Norco, Naproxen, Prilosec and Fioricet. His EMG/NCV failed to reveal any radiculopathy. He was continued on Norco and a urine drug screen was obtained that was consistent with the prescription opioid use, but also for Tramadol, benzodiazepines and Barbiturates. On 12/4/13, he was seen by the Orthopedic provider. He continued to have neck pain radiating to bilateral trapezial regions, with weakness, tingling and numbness on both arms and hands. He also reported constant headaches and neck pain that was 8/10. His low back pain was 5/10 and better since surgery. The lumbar ESI provided mild relief of pain. The medications included Butalbital APAP, Omeprazole, Pantoprazole, Norco by mouth and Naprosyn. On examination, he was noted to have muscle spasms next to the spinous processes and otherwise normal neurological examination. The diagnoses included cervicalgia, radiculitis, post laminectomy syndrome and status post lumbar fusion. The urine drug screen from 12/24/13 was negative for opioids though. During his follow-up visit on 01/24/14, his symptoms included cervical and lumbar spine pain which he rated at 9/10 on a pain scale. His pain was unchanged since his last visit. Objective findings included antalgic gait, decreased cervical lordosis, tenderness to palpation over cervical paraspinous muscles, decreased sensation over C6 dermatomes and tenderness over lumbar paraspinous muscles. There was also decreased sensation along L5 dermatomes on the right. His

diagnoses included cervical disc disease, cervical radiculopathy, status post lumbar fusion and lumbar radiculopathy. The employee reported that Norco was no longer helping to alleviate his pain and he was having to take his medications more times during the day. The plan of care included refilling Norco 10/325 mg every 4-6 hours #120, Oxycodone 20mg by mouth twice a day #60, Fioricet one by mouth daily #30 and Protonix 20mg by mouth daily #30.

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

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

**Norco 10/325mg #120:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 77-90.

**Decision rationale:** The employee was being treated for cervicalgia, radiculitis, status post lumbar fusion and post laminectomy syndrome. Prior treatments have included physical therapy, NSAIDs, Norco and epidural steroid injections. During his visits, he was noted to have 9/10 cervical pain which was not different from the previous visits. He was noted to escalate his dose without proper directions. There is no documented functional improvement with Norco. In addition another short acting opioid is also added to the regimen (Oxycodone 20mg twice a day). According to MTUS Chronic Pain Guidelines, four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on Opioids: pain relief, adverse effects, physical and psychosocial functioning and potential aberrant behaviors. The employee had no documented functional improvement or improvement of pain with Norco. In addition, another short acting opioid was being started. Given the lack of improvement of pain with Norco, the criteria for ongoing use of Norco is not met. Therefore, the request for Norco 10/325mg #120 is not medically necessary and appropriate.