

<b>Case Number:</b>	CM14-0037389		
<b>Date Assigned:</b>	06/25/2014	<b>Date of Injury:</b>	02/20/2008
<b>Decision Date:</b>	08/14/2014	<b>UR Denial Date:</b>	02/26/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/27/2014

### 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 patient is a 45 year old female who was injured on 02/20/2008 while playing tug of war. Her past medication history included Norco 10/325, Anaprox, Wellbutrin, Xanax, Prozac, Prilosec, FexMid, Medicinal marijuana, and Ambien. The patient underwent ACDF at C5-6 on 05/06/2011, lumbar interbody fusion at L4-5 and L5-S1 on 03/19/2012, and fusion hardware removal on 04/16/2013. Progress report dated 09/18/2013 indicates the patient complained of occasional neck pain and stiffness with radiating symptoms in her upper extremities with increased activities. She also complained of neck pain, sharp, stabbing, and constant pain that aches at rest. She has upper back pain between the shoulder blades, low back pain that is constant and sharp and increases with activity. On exam, cervical spine range of motion reveals flexion to 40 degrees; extension to 50 degrees; left lateral flexion to 35 degrees; right lateral flexion to 30 degrees; and left rotation to 60. She has positive tenderness bilateral with paravertebral muscle spasms and upper trapezius muscle spasm. Shoulder decompression test is positive bilaterally. Sensation is normal bilaterally. Deep tendon reflexes are 2+/4. The thoracolumbar spine evaluation reveals positive paravertebral muscle spasm. Active range of motion of the thoracolumbar spine revealed flexion to 60 degrees; extension to 15 degrees; left lateral flexion to 20 degrees; right lateral flexion to 20 degrees with mild pain; left rotation to 20 degrees with mild pain and right rotation to 20 degrees with mild pain. Straight leg raise was negative. She is diagnosed with a 6 mm broad posterior disc herniation at C5-6; a 2 mm disc herniation at C4-5 and C3-4; a 4 mm disc herniation at L4-5; a 4 mm L5-S1 posterior disc herniation; sleep deprivation; stress, anxiety, and depression. Prior utilization review dated 02/26/2014 Norco 10/325 mg twice a day #60 is not recommended as there is no documented evidence of improvement and due to the danger of addiction and withdrawal from this medication, there must be documentation of its efficacy and all medications for pain.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 10/325 mg twice a day #60:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines <Norco > Page(s): 91. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) < Pain>, < Norco>.

**Decision rationale:** The CPMT recommends the use of opiates for the treatment of acute vs. subacute pain. Research has shown that there are risks to taking the medications for chronic pain such as dependency. The medical records document that the patient has been taking the medication for an extended length of time. Further, the documents do not show any functional improvement from taking these medications. Based on the CPMT guidelines and criteria as well as the clinical documentation stated above, the request is not medically necessary.