

<b>Case Number:</b>	CM14-0040882		
<b>Date Assigned:</b>	06/30/2014	<b>Date of Injury:</b>	11/23/2002
<b>Decision Date:</b>	10/01/2014	<b>UR Denial Date:</b>	03/08/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/08/2014

### 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 Occupational Medicine 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 male with date of injury 11/23/2002. Per primary treating physician's progress report dated 1/21/2014, the injured worker complained of neck pain. He has a history of upper and lower extremity neuropathy based upon cervical injury and subsequent surgery. He describes the pain as stabbing and burning. Alleviating factors are heat. Symptoms are not improved or are worse with physical therapy. He reports increased pain, but no change in distribution. He feels that his medication provides him with only short term relief. Pain is rated 10/10 without medications and 4/10 with medication. Pain today is 5/10. Medications prescribed are keeping him functional, allowing for increased mobility and tolerance of ADLs and home exercises. On examination deep tendon reflexes in the upper and lower extremities are decreased but equal. There is tenderness to palpation of cervical spine paraspinal muscles and positive compression signs on the right. Cervical spine range of motion is flexion 45 degrees, lateral flexion 25 degrees bilaterally, hyperextension 50 degrees, lateral rotation 55 degrees bilaterally. Spurlings maneuver is positive to the right and negative to the left. Sensation to light touch is decreased in bilateral upper extremities. Bilateral hands are contractured all 10 digits. Diagnoses include 1) cervicgia 2) spinal stenosis, cervical 3) cervical radiculopathy.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**1 Prescription for Norco 10/325mg #180 with 3 refills:** Overturned

**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): 74-95. Decision based on Non-MTUS Citation The MTUS Guidelines do not recommend the use of opioid pain medications, in general, for the management of chronic pain. There is guidance for the rare instance where opioids are needed in maintenance therapy, but the emphasis should remain on non-opioid pain medications and active therapy. Long-term use may be appropriate if the patient is showing measurable functional improvement and reduction in pain in the absence of non-compliance. Functional improvement

**Decision rationale:** The MTUS Chronic Pain Guidelines do not recommend the use of opioid pain medications, in general, for the management of chronic pain. There is guidance for the rare instance where opioids are needed in maintenance therapy, but the emphasis should remain on non-opioid pain medications and active therapy. Long-term use may be appropriate if the patient is showing measurable functional improvement and reduction in pain in the absence of non-compliance. Functional improvement is defined by either significant improvement in activities of daily living or a reduction in work restriction as measured during the history and physical exam. The medical documentation reports that the injured worker is on chronic pain medications and he needs these medications to remain functional. The requesting physician is also taking measures to assess for behavior that may necessitate immediate discontinuation of the medications. The injured worker's opioid medication dosing has remained stable, and he appears to be in a maintenance stage of his pain management. The amount that is being prescribed is sufficient for the interval between pain management evaluations. The request for 1 Prescription for Norco 10/325mg #180 with 3 refills is determined to be medically necessary.

**1 Urine Drug Screen:** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Drug Testing section, Opioids Criteria for Use section, Page(s): 43.112.

**Decision rationale:** The use of urine drug screening is recommended by the MTUS Chronic Pain Guidelines, in particular when patients are being prescribed opioid pain medications and there are concerns of abuse, addiction, or poor pain control. The injured worker follows up with the pain management specialist every four months and urine drug screening is one of several methods being utilized to assess for aberrant drug behavior. This request does not appear to be excessive and is consistent with the MTUS Guidelines in the care of this injured worker. The request for urine drug screen is determined to be medically necessary.