

<b>Case Number:</b>	CM14-0054485		
<b>Date Assigned:</b>	07/07/2014	<b>Date of Injury:</b>	03/02/2007
<b>Decision Date:</b>	09/05/2014	<b>UR Denial Date:</b>	04/11/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/23/2014

### 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, 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 50-year-old female with an injury date of 03/02/2007. The patient reports of improvement in focus and concentration, as well as quality and duration of sleep. She still has nerve pain radiating down to her arms; however, it has decreased mildly. The patient has paresthesias in the left upper extremity with mild reduction to Gralise. Based on examination, the patient has tingling in her hands, anterior neck tenderness, scar tenderness on the right side, pressure-provoked gagging, spasm, and limited bilateral shoulder motion. The patient's diagnoses include the following: 1. Advanced cervical disk disease, status post cervical fusion at C4-C5, C5-C6, and fusion at C6-C7, with residual symptoms. 2. Severe compensatory cervical thoracic junction kyphosis. 3. Myofascial pain syndrome and soft tissue ankylosis preventing range of motion. 4. Anterior surgical cervical adhesions with compromised swallowing, and dysphagia with thick dry foods. 5. Gastroesophageal reflux disorder due to prolong intake of nonsteroidal anti-inflammatory medications to cure or relieve the effects of 03/02/2007 industrial injury. 6. Severe depression related to chronic pain. 7. Sleep dysfunction due to chronic pain. 8. Left shoulder ankylosis due to trapezius myofascial tension and upper thoracic myofascial tension due to reactive muscle spasm for failed cervical fusion. 9. Radiculopathic numbness and pain. 10. Migraine headaches associated with chronic neck pain and muscle spasms. The request is for Norco 10/325 mg #90. The Utilization Review determination being is dated 04/11/2014. Treatment reports were provided from 11/05/2013 - 02/25/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 10/325mg #90:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Medications for chronic pain Page(s): 60, 61.

**Decision rationale:** According to the reports provided, the patient presents with nerve pain radiating down to her arms, improvement in sleep, improvement in focus, improvement in concentration, and improvement in mood. The request is for Norco 10/325 #90. "Norco 2 to 3 times a day continues to decrease pain by over 50%." The patient has been taking Norco as early as 12/17/2013. The report on 11/05/2013 states, "Activities remain limited due to the severity of neck pain. She cannot vacuum, make beds, or clean the bathroom. The use of upper extremities, left more than right, continues to exacerbate pain." The patient is permanent and stationary. She has general discomfort, limited range of motion of the shoulders due to discomfort in the neck, and limited range of motion in the neck. The patient remains at maximum medical improvement based on this 11/05/2013 report. In regards to chronic opiate use, MTUS Guidelines, "require functioning documentation using a numerical scale, validated instrument at least once every 6 months, documentation of the 4 A's (analgesia, ADLs, adverse side effects, and adverse behavior), outcome measures, documentation of pain, and the time it takes for medication to work." Reviewing the reports, there are no pain scales provided nor are there any improvements in activities of daily living mentioned. The request is not medically necessary.