

<b>Case Number:</b>	CM14-0164838		
<b>Date Assigned:</b>	10/09/2014	<b>Date of Injury:</b>	10/13/2010
<b>Decision Date:</b>	01/23/2015	<b>UR Denial Date:</b>	09/29/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/07/2014

### 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 Family Practice and is licensed to practice in Ohio. 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 51-year-old male with a cumulative trauma injury dated October 13, 2010. He complains of severe neck pain radiating to the upper extremities and severe headaches. He has had bilateral ulnar nerve decompression surgeries. The diagnoses include degenerative disc disease of the cervical spine, cervical facet arthropathy, spinal stenosis and neuroforaminal stenosis at multiple levels. He also has cervicogenic headaches and anxiety. The physical exam reveals diminished cervical range of motion with a positive Spurling's test. There is diminished sensation in the C6 and see 8 dermatomal regions. Electrodiagnostic testing revealed evidence of bilateral carpal tunnel syndrome, mild to moderate ulnar nerve slowing at the left elbow, and probable cervical radiculopathy. The injured worker has tried Lyrica, gabapentin, Nucynta, and Topamax without relief. Multiple requests have been submitted for cervical epidural steroid injections with no approval for over 6 months. Average pain scores have been in the neighborhood of 8/10 but the injured worker states that he does obtain pain relief from Norco 10/325 mg and as a consequence is able to perform more activities around the house. Recently he had been taking Norco 10/325 mg 4 times daily but a request for authorization from September 29, 2014 requests a reduced frequency of once per day. Urine drug screening has been appropriate and a signed pain contract is on file.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Hydrocodone/APAP 10-325mg, days supply 30 Quantity 30, MED 10:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 91.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-96.

**Decision rationale:** Those requiring opioid medication chronically should have ongoing assessment for pain relief, side effects, functionality, and any aberrant drug taking behavior. Opioid medication may generally be continued if there is improvement in pain and functionality as a consequence. In this instance, there are general statements regarding pain improvement and improved functionality as a consequence of the Norco. The recent request for authorization represents a decrease in the total daily dose. Therefore, Hydrocodone/APAP 10-325mg, days' supply 30, Quantity 30, is medically necessary.