

<b>Case Number:</b>	CM14-0185035		
<b>Date Assigned:</b>	11/26/2014	<b>Date of Injury:</b>	05/08/2009
<b>Decision Date:</b>	01/20/2015	<b>UR Denial Date:</b>	10/13/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/05/2014

### 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 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:

This 58 year old female sustained a work related injury on 05/08/2009. Progress notes submitted for this review recorded the date of injury as 10/21/2003. The mechanism of injury was not made known. According to an operative report dated 04/30/2014, the injured worker received a cervical epidural steroid injection at C6-C7. As of a progress note dated 06/02/2014, the injured worker complained of neck pain with radiculopathy in the upper extremities with numbness, tingling and weakness. The injured worker had received a series of three epidural injections and wished to proceed with conservative treatment. The injections helped to reduce her radiculopathy but she continued to be symptomatic. Physical examination revealed spasm, tenderness and guarding in the paravertebral muscles of the cervical spine along with decreased range of motion. Decreased dermatomal sensation with pain was noted over the bilateral C6 dermatomes. She did not wish to proceed with surgical intervention. As of a progress noted dated 07/07/2014 the injured worker was still complaining of pain. The provider did not specify the location of pain. The injured worker was authorized six sessions of physical therapy. The provider noted that he was requesting that the injured worker be provided with medications that she had been taking for quite some time. The notes did not specify the length of time. She had been taking Ultram ER 150mg and Norco 5mg twice a day. According to the provider the Ultram ER was reducing the need for the opioid medication and the injured worker had been relatively functional. The provider noted that the least amount of medication was being used to control pain. Anti-inflammatory and medication to control stomach acid were being requested. Prilosec was recommended to avoid development of ulcers as well as gastric irritation. Norflex was provided to allow the injured worker to remain comfortable as well as to reduce muscle spasm. The injured worker remained on modified duty. Diagnoses included cervical disc disorder with myelopathy, cervical disc displacement without myelopathy, rotator cuff sprains and strains,

sprains and strains of the neck, pain in limb and depressive disorder not elsewhere classified. As of a progress note dated 09/29/2014, the injured worker was prescribed Norco. According to the provider, anti-inflammatory alone were insufficient to address her pain component. The injured worker notes reduction in analgesia at least 30-40 percent and improved functional capacity with activities of daily living, self- grooming and chores around the house. There were no significant reported adverse effects and no suspicion of any aberrant behaviors. According to the provider, the injured worker was taking a morphine equivalent dose less than the maximum recommended by the Cancer Society guidelines. Work Restrictions included avoid lifting over 20 lbs. Physical therapy treatment notes, radiographic imaging and drug screening reports were not submitted for this review. On 10/13/2014 Utilization Review modified Norco 5/325 mg #60 that was requested on 10/06/2014. According to the Utilization Review physician, MTUS Chronic Pain Guidelines do not recommend narcotics for long term use. The injured worker has been taking this medication for an unknown time period. Abrupt cessation of narcotics is not recommended therefore the request was modified for 50 tablets. The decision was appealed for an Independent Medical Review. The current medication list prescribed includes Ultram (Tramadol), Norco, Norflex, Ambien, Prilosec and Relafen. The ultram, ambien, Norflex has been denied by UR. The patient has had MRI Cervical Spine dated 4/20/13 that revealed C6-7, a 3.5mm broad-based disc protrusion which moderately impresses on the thecal sac and mild right neural foraminal narrowing.

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

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

**Norco 5/325mg #60:** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines  
CRITERIA FOR USE OF OPIOIDSTherapeutic Trial of Opioids Page(s): 76-80.

**Decision rationale:** Norco contains Hydrocodone with APAP which is an opioid analgesic in combination with acetaminophen. According to CA MTUS guidelines cited below, "A therapeutic trial of opioids should not be employed until the patient has failed a trial of non-opioid analgesics. Before initiating therapy, the patient should set goals, and the continued use of opioids should be contingent on meeting these goals." Other criteria for ongoing management of opioids are: "The lowest possible dose should be prescribed to improve pain and function. Continuing review of the overall situation with regard to nonopioid means of pain control. Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects."The injured worker has chronic neck pain with symptoms of radiculopathy. The cervical spine MRI does show a moderate disc bulge. The medications are providing her 30 to 40% pain relief. She is working at the present time which is a sign of functional improvement. Per the doctor, there is no evidence of adverse effects or aberrant pain behavior. Her current medications include Relafen which is an NSAID. Per the treating physician that alone was insufficient in treating the injured worker's pain. Other medications prescribed included Norflex,

Tramadol and Ambien. These were denied by UR. The injured worker has been prescribed a low dose opioid (Norco 5/325mg) only 2 times a day. This medication is medically necessary.