

<b>Case Number:</b>	CM14-0193975		
<b>Date Assigned:</b>	12/01/2014	<b>Date of Injury:</b>	08/03/2012
<b>Decision Date:</b>	01/14/2015	<b>UR Denial Date:</b>	11/07/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/19/2014

### 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:

This is a 54-year-old male with an 8/3/12 date of injury to his neck after slipping and striking his neck on the back of a seat. The patient is status post a s/p C3-C4 and C6-C7, C7-T1 anterior cervical fusion on 9/11/13. The patient has been taking 6 Norco per day and is to return to work as of January 2015. He was most recently seen on 10/22/14 with complaints of daily headaches, 6/10, but no neck pain or radiating arm pain. Exam findings revealed normal motor findings, diffuse decrease to sensation in the lower extremities with no specific dermatome distribution, decreased range of motion of the C-spine. The diagnosis is C6-7, C7-T1 traumatic disc injury, left greater than right radiculopathy, C3-C4 central disc protrusion, occipital headaches, s/p C3-C4 and C6-C7, C7-T1 anterior cervical fusion, left C7/8 radiculopathy. Treatment to date is surgery and medication. The UR decision dated 11/07/14 denied the request as the patient is on short acting opiates for chronic pain and there was no objective evidence to support continued use of this medication as the patient has been using it since his fusion last year.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 10/325mg #180:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 80-82. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Chronic Pain

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opiates  
Page(s): 78-81.

**Decision rationale:** CA MTUS Chronic Pain Medical Treatment Guidelines do not support ongoing opioid treatment unless prescriptions are from a single practitioner and are taken as directed; are prescribed at the lowest possible dose; and unless there is ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. This patient has been on 180 Norco per month for months. There has been no attempt at weaning post-surgery. There is a lack of documentation regarding other forms of conservative management for pain control since the patient's surgery. There is no clear rationale for the long-term use of the same dose of opiates post-surgery. Therefore, the request for Norco 10/325 #180 was not medically necessary.