

<b>Case Number:</b>	CM14-0197380		
<b>Date Assigned:</b>	12/05/2014	<b>Date of Injury:</b>	09/01/2011
<b>Decision Date:</b>	01/22/2015	<b>UR Denial Date:</b>	10/15/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/24/2014

### 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 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 53 year old male patient who sustained a work related injury on 9/1/11. The patient sustained the injury due to cumulative trauma. He has history of a motor vehicle accident. The current diagnoses include left L5 radiculopathy, C4-C7 with left upper extremity radiculopathy and status post numerous surgeries including anterior cervical discectomy and fusions (ACDFs) in February and April 2014. Per the doctor's note dated 1/22/14, the patient has complaints of neck pain at 4/10 with radiation of pain into the left shoulder and arm, low back pain at 8/10. Physical examination of the cervical spine revealed limited range of motion, muscle spasm, tenderness on palpation, 4/5 strength, normal sensation and trace reflexes. Physical examination of the lumbar spine revealed limited range of motion, positive straight leg raise (SLR), tenderness on palpation, 4/5 strength, diminished sensation. The current medication lists include Norco, Metoprolol, Hydrochlorothiazide, and Symbicort. The patient has had lumbar MRI on 12-27-11 that showed L4-5 foraminal stenosis and epidural lipomatosis and L5-S1 disc extrusion. Electromyography (EMG) studies on 11/20/2013 revealed chronic, left L5 radiculopathy. Cervical MRI on 9/15/2011 revealed herniated nucleus pulposus (HNP) at left C4-5, left C5-6, and largest at C6-7. The patient has had numerous surgeries including ACDFs in February and April 2014. He has received epidural steroid injections for this injury. The patient has received an unspecified number of the physical therapy visits for this injury.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 10/325mg #35:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use; Criteria for Use of Opioids; Therapeutic Trial of Opioids Page(s): 76.

**Decision rationale:** Norco 10/325mg is an opioid analgesic in combination with Acetaminophen. According to California 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." The records provided do not specify that patient has set goals regarding the use of opioid analgesic. A treatment failure with non-opioid analgesics is not specified in the records provided. 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 non-opioid means of pain control. Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Consider the use of a urine drug screen to assess for the use or the presence of illegal drugs." The records provided do not provide a documentation of response in regards to pain control and functional improvement to opioid analgesic for this patient. The continued review of overall situation with regard to non-opioid means of pain control is not documented in the records provided. As recommended by the MTUS, a documentation of pain relief, functional status, appropriate medication use, and side effects should be maintained for ongoing management of opioid analgesic, these are not specified in the records provided. MTUS guidelines also recommend urine drug screen to assess for the use or the presence of illegal drugs in patients using opioids for long term. A recent urine drug screen report is not specified in the records provided. Whether improvement in pain translated into objective functional improvement including ability to work is not specified in the records provided. It is deemed that this patient does not meet criteria for ongoing continued use of opioids analgesic. The medical necessity of Norco 10/325mg #35 is not established for this patient. Therefore, this request is not medically necessary.