

<b>Case Number:</b>	CM14-0200144		
<b>Date Assigned:</b>	12/10/2014	<b>Date of Injury:</b>	05/14/2005
<b>Decision Date:</b>	01/29/2015	<b>UR Denial Date:</b>	11/08/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/01/2014

### 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 Rehab, has a subspecialty in Pain 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:

The injured worker is a 49-year-old male, with a reported dated of injury of 05/14/2005. The results of the injury were neck pain, right shoulder pain, and low back pain. The diagnoses include cervical stenosis and disk herniation at C5-C6; prior arthrodesis and spinal plating at C6-C7; and cervical stenosis at C3 and C4, on the right. Treatments have included Norco 10/325mg up to four (4) per day; gabapentin for cervical spine issues; an anterior cervical fusion; an x-ray of the cervical spine, which showed a solid and stable fusion; ultrasound of the right shoulder, which showed tendinitis of the biceps and rotator cuff muscles and +1 effusion in the subacromial bursa; a trigger point injection about the cervical paraspinal musculature; diclofenac 100mg #60 for inflammation; and posterior cervical laminectomy at C3 and C4 on the right, with foraminotomy and facetectomy. The medical report dated 07/10/2014 indicated that the injured worker was given a trigger point injection into the upper trapezius on the right side and subacromial injection under ultrasound guidance for the neck and shoulder pain. The injection helped with the neck symptoms, but he continued to have increased pain about the front and back of the right shoulder. The injured worker also continued to have neck stiffness and tightness. The physical examination of the neck showed tenderness to palpation on both sides of the cervical paraspinal musculature; guarded neck motion; moderate pain at the extremes of motion; normal motor examination; and a normal sensory examination to light touch. A physical examination of the right shoulder showed tenderness to palpation about the subacromial space and bicipital groove; full active voluntary range of motion; pain with passive internal and external rotation of the right shoulder; subjective pain with resisted forward flexion; and normal strength. The recent medical report was not included in the medical records provided for review. On 11/08/2014, Utilization Review (UR) denied the request for Norco tablets. The UR

physician noted that there was no documentation of effectiveness for continuation. The UR physician cited the ACOEM Guidelines and the Chronic Pain Guidelines.

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

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

**Norco tablets:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 78.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page(s): 44, 47, 75-79, 120 of 127.

**Decision rationale:** Regarding the request for Norco (hydrocodone/acetaminophen), California Pain Medical Treatment Guidelines state that Norco is an opiate pain medication. Due to high abuse potential, close follow-up is recommended with documentation of analgesic effect, objective functional improvement, side effects, and discussion regarding any aberrant use. Guidelines go on to recommend discontinuing opioids if there is no documentation of improved function and pain. Within the documentation available for review, there is no indication that the medication is improving the patient's function or pain (in terms of specific examples of functional improvement and percent reduction in pain or reduced Numerical Rating Scale (NRS)), no documentation regarding side effects, and no discussion regarding aberrant use. As such, there is no clear indication for ongoing use of the medication. In light of the above issues, the currently requested Norco (hydrocodone/acetaminophen) is not medically necessary.