

<b>Case Number:</b>	CM15-0102921		
<b>Date Assigned:</b>	06/05/2015	<b>Date of Injury:</b>	02/10/2008
<b>Decision Date:</b>	07/07/2015	<b>UR Denial Date:</b>	05/11/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/29/2015

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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, who sustained an industrial injury on February 10, 2008. He reported falling backwards while carrying tires, immediately experiencing the onset of pain in his neck, back, and abdominal region. The injured worker was diagnosed as having status post cervical spine surgery with findings of postoperative changes, multilevel facet joint osteoarthritis and multilevel neuroforaminal stenosis with bilateral upper extremity radiculitis, thoracic spine musculoligamentous sprain/strain with MRI findings of posterior disc bulging at T7-T8 and small central posterior disc protrusion at T8-T9 with minimal impingement on the ventral spinal cord, lumbosacral spine musculoligamentous sprain/strain and right sacroiliac joint sprain, with MRI findings of mild bulging disc annulus at L3-14 with lower extremity radiculitis and left L5-S1 radiculopathy per electromyography (EMG), complaints of stress, depression, and sleep difficulties, history of high blood pressure, and history of abdominal and groin pain. Treatment to date has included MRIs, cervical spine surgery, epidural steroid injection (ESI), facet injections, left leg stent placed in 2013 for a blood clot, and medication. Currently, the injured worker complains of numbness and tingling to the left leg from the knee to across the top of the left foot. The Primary Treating Physician's report dated April 16, 2015, noted the examination of the cervical spine revealed tenderness to palpation over the paraspinal muscle and trapezius muscles with a compression test positive in the bilateral upper extremities. Examination of the lumbar spine was noted to show tenderness to palpation over the paraspinal musculature with decreased range of motion (ROM) and positive straight leg raise on the left

lower extremity. The treatment plan was noted to include medications, including Xarelto and Norco.

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

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

**Norco 10/325mg, quantity: 150:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Weaning of Medications Page(s): 94-95.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, page(s) 74-96 On-Going Management.

**Decision rationale:** Pain symptoms and clinical findings remain unchanged for this chronic injury. Submitted documents show no evidence that the treating physician is prescribing opioids in accordance to change in pain relief, functional goals with demonstrated improvement in daily activities, decreased in medical utilization or returned to work status. There is no evidence presented of random drug testing or utilization of pain contract to adequately monitor for narcotic safety, efficacy, and compliance. The MTUS provides requirements of the treating physician to assess and document for functional improvement with treatment intervention and maintenance of function that would otherwise deteriorate if not supported. From the submitted reports, there is no demonstrated evidence of specific functional benefit derived from the continuing use of opioids with persistent severe pain for this chronic injury. In addition, submitted reports have not adequately demonstrated the specific indication to support for chronic opioid use without acute flare-up, new injuries, or progressive clinical deficits to support for chronic opioids outside recommendations of the guidelines. The Norco 10/325mg, quantity: 150 is not medically necessary and appropriate.