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| Case Number: | CM15-0107764 | | |
| Date Assigned: | 06/12/2015 | Date of Injury: | 05/03/1995 |
| Decision Date: | 07/13/2015 | UR Denial Date: | 05/26/2015 |
| Priority: | Standard | Application Received: | 06/04/2015 |

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, Pain Management

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 69-year-old female, with a reported date of injury of 05/03/1995. The diagnoses include lumbar postlaminectomy syndrome, spasm of muscle, cervical postlaminectomy syndrome, and cervical spondylosis. Treatments to date have included an MRI of the right shoulder on 03/04/2010 which showed moderate supraspinatus tendinosis and moderate osteoarthritic change of the shoulder joint; x-rays of the right shoulder on 03/04/2010 which showed inferior humeral head spurring; an MRI of the cervical spine on 01/17/2012 which showed minimal disc bulge and minimal foraminal narrowing; and oral medications. The progress report dated 05/18/2015 indicates that the injured worker had neck pain and lower back pain. The pain level remained unchanged since the last visit. It was noted that there were no new problems or side-effects. The injured worker's activity level remained the same, and she was taking her medications as prescribed. She stated that her medications were working well. The objective findings include a left-sided antalgic gait, use of a cane, restricted cervical range of motion with pain, Spurling's maneuver caused radicular symptoms on the right, tenderness in the cervical spine and paracervical muscles, and motor testing was limited by pain. It was noted that the injured worker was now able to sleep seven hours a night and able to tolerate her activities of daily living. Without Norco the injured worker had difficulty resting at night due to pain and had difficulty with simple chores. The injured worker attempted to taper following the decrease in Norco; however, she experienced a decrease in function as a result. It was also noted that the injured worker's pain score reduced from 8 out of 10 to 4 out of 10 with medications. She reported an improvement in cervical range of motion and stiffness. The injured worker's current

pain rating was not documented. The progress report dated 04/30/2015 indicates that the injured worker rated her pain 2 out of 10 with medications, and 7 out of 10 without medications. The blood work collected on 04/02/2014 was within normal limits, the CURES report dated 08/01/2013 was appropriate, and the urine toxicology report dated 08/01/2013 was consistent. The treating physician requested Norco 10/325mg. The Norco was prescribed for breakthrough pain control, and with this medication, she was able to maintain her activities of daily living and remain active.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325 mg Qty 90: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47-49, Chronic Pain Treatment Guidelines Opioids Page(s): 78, 80-81, 86-87.

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, California Pain Medical Treatment Guidelines note that it 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 indication that the medication is improving the patient's function and pain with no intolerable side effects or aberrant use, and the patient is noted to undergo monitoring. In light of the above, the currently requested Norco is medically necessary.