

<b>Case Number:</b>	CM15-0133355		
<b>Date Assigned:</b>	07/21/2015	<b>Date of Injury:</b>	11/27/2000
<b>Decision Date:</b>	08/17/2015	<b>UR Denial Date:</b>	07/08/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/10/2015

### 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: Massachusetts

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 63 year old male, who sustained an industrial injury on November 27, 2010. The injured worker was diagnosed as having cervical post laminectomy syndrome. Treatment to date has included medication, physical therapy and magnetic resonance imaging (MRI). A progress note dated June 29, 2015 provides the injured worker complains of back pain radiating to both sides of the neck and shoulders as well as occasional headaches. He rates the pain as stabbing and rates it 9/10 without medication and 4/10 with medication. Physical exam notes cervical tenderness on palpation with decreased range of motion (ROM). The plan includes pain management follow-up epidural steroid injection and medication.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 10/325 mg #120:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines (1) Opioids, criteria for use, p76-80 (2) Opioids, dosing, p86 Page(s): 76-80, 86.

**Decision rationale:** The claimant sustained a work injury in November 2010 and continues to be treated for shoulder and radiating neck pain and occasional headaches. Medications are referenced as increasing pain from 9/10 to 4/10. When taking Norco, he has less tension and muscle spasms with improved range of motion, improved sleep, a better quality of life, and less overall pain. When seen, there was decreased cervical spine range of motion with diffuse midline and paraspinal pain. Neurontin and Norco were refilled. When prescribing controlled substances for pain, satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. Norco (hydrocodone/acetaminophen) is a short acting combination opioid often used for intermittent or breakthrough pain. In this case, it is being prescribed as part of the claimant's ongoing management. There are no identified issues of abuse or addiction and medications are providing pain control with improved sleep and quality of life. The total MED is less than 120 mg per day consistent with guideline recommendations. Continued prescribing is medically necessary.