

<b>Case Number:</b>	CM15-0140757		
<b>Date Assigned:</b>	07/30/2015	<b>Date of Injury:</b>	07/07/2011
<b>Decision Date:</b>	08/27/2015	<b>UR Denial Date:</b>	07/09/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/21/2015

### 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 58 year old male, who sustained an industrial injury on July 7, 2011. The injured worker was diagnosed as having left knee meniscal tear, cervical radiculopathy, cervical spondylolisthesis, disc degeneration, stenosis, rule out pseudarthrosis, and lumbar facet arthropathy-disc degeneration. Treatment to date has included spinal fusion, physical therapy, magnetic resonance imaging (MRI), CAT scan, x-rays and medication. A progress note dated June 17, 2015 provides the injured worker complains of neck, low back and left knee pain. He rates the pain 7 to 8 out of 10 without medication and 5 to 6 out of 10 with medication. Physical exam notes healed cervical scar, cervical, trapezius, interscapular and thoracic paraspinal tenderness to palpation. There is lumbar tenderness to palpation with positive lumbar facet loading and spasm. Magnetic resonance imaging (MRI), CAT scan and x-rays were reviewed revealing lumbar disc degeneration, spondylolisthesis, degenerative disc disease (DDD), stenosis and annular fissuring. There is cervical fusion, facet arthropathy and bilateral knee osteoarthritis. The plan includes proceeding with medial branch blocks, lab work, Restoril, Xanax, Norco, Cymbalta, Imitrex and follow-up.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 10/325mg #100:** Overturned

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47-49, 115, Chronic Pain Treatment Guidelines Criteria for use of Opioids Page(s): 78, 80-81, 124.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines (1) Opioids, criteria for use, (2) Opioids, dosing Page(s): 76-80, 86. Decision based on Non-MTUS Citation Farrar JT, Young JP, LaMoreaux L, Werth JL, Poole RM. Clinical importance of changes in chronic pain intensity measured on an 11-point numerical pain rating scale, *Pain*, 2001 Nov; 94 (2): 149-58.

**Decision rationale:** The claimant sustained a work injury in July 2011 and continues to be treated for neck, low back, and left knee pain. Medications are referenced as decreasing pain from 7-8/10 to 5-6/10. When seen, there was cervical spine and trapezius muscle tenderness. There was interscapular and thoracic paraspinal muscle tenderness. There was decreased and painful cervical spine range of motion. There was lumbar spine tenderness with muscle spasms and positive facet loading. There was decreased upper and lower extremity strength. Medications were refilled including Norco which was being prescribed at a total MED (morphine equivalent dose) of less than 30 mg per day. 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 some degree of decreased pain, up to 3 points on the VAS. The total MED is less than 120 mg per day consistent with guideline recommendations. Continued prescribing was medically necessary.