

<b>Case Number:</b>	CM15-0147620		
<b>Date Assigned:</b>	08/10/2015	<b>Date of Injury:</b>	08/26/2013
<b>Decision Date:</b>	09/08/2015	<b>UR Denial Date:</b>	07/20/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/29/2015

### 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: New Jersey, Alabama, California  
 Certification(s)/Specialty: Neurology, Neuromuscular Medicine

### 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 53 year old male who sustained an industrial injury on August 26, 2013. The accident was described as while working on a retrofit section near a creek bed over a wet area he was compressing materials and removing debris, attempting to move a board in an awkward position when he felt a popping sensation and a twinge on the right side of his neck are. Accepted body parts for this claim are: neck, back and shoulders. Previous radiographic study done on October 21, 2013 revealed at C4-5 disc osteophyte complex with mild to moderate central canal narrowing and mild left neural foraminal narrowing; C6-7 central disc osteophyte complex with mild central canal narrowing and mild left neural foraminal narrowing; C5-6, and C3-4 there is mild central canal narrowing, mild edema in the right C-3 facet, query inflammation osteoarthropathy. A primary treating office visit dated April 15, 2015 reported subjective complaint of neck pain. His quality of sleep is denoted as poor. Current medications are: Ibuprofen, Baclofen, and Norco 10mg 325mg. The treating diagnosis was cervical radiculitis. The plan of care noted scheduled referral on May 28, 2015, pending; undergo electric nerve conduction study, pending; consideration for a cervical epidural injection and continue with medications. Of note, urine drug screen of February 20, 2015 negative for Baclofen and Norco and positive for Methadone. The worker states not having any Norco (filled on January 21, 2015) and denies the consumption of Methadone. There is mention of this being the last warning regarding narcotic use and dose. He is to follow up in four weeks. He is prescribed a modified work duty. On July 08, 2015 at follow up reported the worker deferring neck injections at this time wishing to be referred back to previous doctor' care. There is mention of a referral regarding wrist being scheduled. Current medications are: Ibuprofen, Baclofen, Lexapro, Trazadone, and Norco 10mg 325mg. The plan of care noted recommending referral for insomnia and depression.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco tab 10-325mg take 1 2-3x/day #75:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of opioids Page(s): 76-79.

**Decision rationale:** According to MTUS guidelines, Norco (Hydrocodone/Acetaminophen) is a synthetic opioid indicated for the pain management but not recommended as a first line oral analgesic. In addition and according to MTUS guidelines, ongoing use of opioids should follow specific rules: (a) Prescriptions from a single practitioner taken as directed, and all prescriptions from a single pharmacy. (b) The lowest possible dose should be prescribed to improve pain and function. (c) Office: Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non adherent) drug-related behaviors. These domains have been summarized as the "4 A's" (analgesia, activities of daily living, adverse side effects, and aberrant drug taking behaviors). The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework. According to the patient's file, there is no objective documentation of pain and functional improvement to justify continuous use of Norco. Norco was used for longtime without documentation of functional improvement or evidence of return to work or improvement of activity of daily living. In addition, the UDS collected on February 20, 2015 was negative for Norco and positive for Methadone. Therefore, the prescription of Norco 10/325mg #75 is not medically necessary.