

<b>Case Number:</b>	CM15-0147892		
<b>Date Assigned:</b>	08/10/2015	<b>Date of Injury:</b>	02/15/2012
<b>Decision Date:</b>	09/08/2015	<b>UR Denial Date:</b>	07/07/2015
<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: 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 61 year old female, who sustained an industrial injury on February 15, 2012. Treatment to date has included left shoulder arthroscopic rotator cuff repair, cortisone injection, diagnostic imaging, home exercise program, and chiropractic therapy. Currently, the injured worker complains of ongoing pain in the neck and low back. She reports cervical pain with occasional radiation of pain to the shoulders and arms. She reports associated numbness and tingling of the arms, headache, dizziness, memory loss and difficulty with concentration. She reports constant, severe low back pain which radiates to the bilateral thigh, leg, and foot. Her low back pain is made worse with prolonged walking and standing. She reports pain and stiffness of the cervical spine, the lumbar spine, the bilateral upper extremities and the bilateral lower extremities when performing activities of daily living. She rates her pain a 6-7 on a 10-point scale and notes that her pain is affecting her activities of daily living. On physical examination the injured worker has tenderness to palpation of the paraspinal muscles of the cervical and lumbar spine with restricted and painful range of motion. She has decreased sensation to pinprick in the cervical spine. She is unable to perform heel-toe walk and has a loss of lumbar lordosis. The diagnoses associated with the request include lumbar spine sprain-strain, cervical spine sprain-strain and cervical and lumbar radiculopathy. The treatment plan includes Norco, continued physical therapy and chiropractic therapy and follow-up evaluation.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 7.5/325 mg Qty 90:** Upheld

**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, (2) Opioids, dosing Page(s): 76-80, 86.

**Decision rationale:** The claimant sustained a cumulative trauma work injury with date of injury in February 2014 and is being treated for chronic radiating neck and radiating low back pain. When seen, pain was rated at 6-7/10 and was constant. She was not able to perform any daily activities due to pain. Medications were only taking the edge off. Physical examination findings included decreased and painful cervical range of motion with tenderness. There was decreased sensation. Lower extremity neural tension signs were positive. A spinal cord stimulator was recommended. Norco was refilled and had been prescribed since at least March 2015 at the same dose. 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. Although there are no identified issues of abuse or addiction and the total MED is less than 120 mg per day, medications are not providing decreased pain, improved function, or an improved quality of life. Continued prescribing was not medically necessary.