

<b>Case Number:</b>	CM15-0163824		
<b>Date Assigned:</b>	09/01/2015	<b>Date of Injury:</b>	06/30/2000
<b>Decision Date:</b>	10/05/2015	<b>UR Denial Date:</b>	08/12/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/20/2015

### 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

### 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 45-year-old male, who sustained an industrial injury on 8-30-2000. Diagnoses have included cervical degenerative disc disease, status post cervical fusion at C5-6 and failed back surgery syndrome post laminectomy. Treatment to date has included surgery, magnetic resonance imaging (MRI), physical therapy, chiropractic treatment, acupuncture, home exercise program and medication. According to the progress report dated 8-7-2015, the injured worker complained of right neck pain. He rated his pain as three out of ten with medications and five out of ten without medications. He was working 40 hours per week. He also complained of frequent headaches and being unable to focus on his work. He reported having trouble with Percocet at work and preferred Norco. Exam of the cervical spine revealed restricted range of motion with interscapular and posterior neck pain bilaterally. Exam of the lumbar spine revealed tenderness and tightness. Authorization was requested for Norco.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 10/325mg tid #90:** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Medications for chronic pain, Criteria for use of Opioids Page(s): 60, 61, 76-78, 88, 89.

**Decision rationale:** The current request is for Norco 10/325mg tid #90. The RFA is dated 08/07/15. Treatment history included ACDF at C5-6 in 2008 and lumbar fusion in 1991, physical therapy, chiropractic treatment, acupuncture, home exercise program and medication. The patient is working 40 hours per week. MTUS Guidelines page 76 to 78, under the Criteria for initiating opioids, recommend that reasonable alternatives have been tried, concerning the patient's likelihood of improvement, likelihood of abuse, etc. MTUS goes on to state that baseline pain and functional assessment should be provided. Once the criteria have been met, a new course of opioids maybe tried at this time MTUS states "Functional assessment should be made before initiating a new opioid. Function should include social, physical, psychological, daily and work activities." Per report 08/07/15, the patient presents with right sided neck pain. The patient is using Percocet to manage his pain. The patient reported with medication pain level is 3/10 and without the pain is about 5/10. The patient reports that with medications he is able to complete ADL's including walking, shopping and light household chores. The patient is also able to continue working 40 hours per week. The patient reported side effects with Percocet and states that he has difficulty working while on this medication. The treater discontinued Percocet and initiated Norco. Trialing a new opioid so that the patient can continue with ADL's and work is reasonable and supported by MTUS. This request is medically necessary.