

<b>Case Number:</b>	CM15-0166201		
<b>Date Assigned:</b>	09/03/2015	<b>Date of Injury:</b>	03/20/2001
<b>Decision Date:</b>	10/09/2015	<b>UR Denial Date:</b>	08/18/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/24/2015

### 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, Indiana, New York  
 Certification(s)/Specialty: Internal 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 59 year old male, who sustained an industrial injury on 03-20-2001. He has reported injury to the head, neck, and low back. The diagnoses have included herniated nucleus pulposus of cervical spine; grade I anterolisthesis C7-T1; adjacent segment disease of the cervical and lumbar spine; herniated nucleus pulposus of lumbar spine; bilateral S1 radiculopathy per EMG (electromyography); status post anterior cervical decompression and fusion C6-7; and status post lumbar fusion L4-5 and L5-S1. Treatment to date has included medications, diagnostics, chiropractic therapy, physical therapy, home exercise program, epidural steroid injections, and surgical intervention. Medications have included Tylenol No. 3, Naproxen, Celebrex, Advil, Gabapentin, Capsaicin Cream, and Ketoprofen Cream. A progress report from the treating physician, dated 07-08-2015, documented an evaluation with the injured worker. Currently, the injured worker complains of persistent neck and low back pain, bilateral lower extremity complaints, and bilateral hip complaints; he reports about 75% relief from recent interlaminar cervical epidural injection; he is now able to move around and function much more than before; he rates his neck pain today as 2 out of 10 in intensity and describes this as constant, left-sided only, with some numbness and tingling pain; some tingling and numbness down his left arm to his wrist; low back pain is rated at 7-8 out of 10 in intensity and is described as a stabbing pain on the left side which shoots down to his mid-thigh; occasional bilateral lower extremity symptoms including radiation of sharp pain and numbness down to his posterior thighs; he is taking Norco two times a day and Gabapentin three times a day; with the medications, he can walk up to an hour at a time; he receives 30% reduction in pain with the

medications; and the medications allow him to continue working full duty. Objective findings included in no acute distress; tenderness to palpation of the cervical and lumbar paraspinal regions; pain with bilateral facet loading of the cervical spine; decreased sensation right C6 dermatome; and lower extremity sensation is intact. The treatment plan has included the request for Norco 10-325mg #60. The original utilization review, dated 07-27-2015, non-certified a request for Norco 10-325mg #60.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Norco 10/325mg #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain web: updated 07/15/2015.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids for chronic pain. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Opiates.

**Decision rationale:** Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Norco 10/325mg # 60 is not medically necessary. Ongoing, chronic opiate use requires an ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. A detailed pain assessment should accompany ongoing opiate use. Satisfactory response to treatment may be indicated patient's decreased pain, increased level of function or improve quality of life. The lowest possible dose should be prescribed to improve pain and function. Discontinuation of long-term opiates is recommended in patients with no overall improvement in function, continuing pain with evidence of intolerable adverse effects or a decrease in functioning. The guidelines state the treatment for neuropathic pain is often discouraged because of the concern about ineffectiveness. In this case, the injured worker's working diagnoses are Grade I anterolisthesis; HNP cervical spine; HNP lumbar spine; adjacent segment disease of the cervical and lumbar spine; bilateral S1 radiculopathy per EMG; anterior cervical decompression and fusion C6-C7 and lumbar fusion L4-L5 and L5-S1. Date of injury is March 20, 2001. Request for authorization is dated August 12, 2015. According to a May 13, 2015 progress note, the treating provider was reducing the dose of Tylenol #3. The treatment plan documentation states the treating provider was going to restart previous medications including Norco 10/325mg. Utilization review states Norco weaning was recommended in 2013. The specific date indicating weaning is recommended is not specified, but the injury date was 14 years prior. According to the most recent progress note dated July 20, 2015, subjective complaints include neck and back pain 3/10. Norco 10/325mg was prescribed b.i.d. There are no detailed pain assessments. There are no risk assessments. There is no clinical indication or rationale for restarting Norco after recommendations for weaning back in 2013 (according to the utilization review). Based on the clinical information in the medical record, peer-reviewed evidence-based guidelines, weaning recommendations dating back to 2013 and no clinical indication or rationale for restarting Norco 10/325mg, Norco 10/325mg # 60 is not medically necessary.

