

<b>Case Number:</b>	CM15-0184272		
<b>Date Assigned:</b>	09/24/2015	<b>Date of Injury:</b>	08/22/2012
<b>Decision Date:</b>	11/06/2015	<b>UR Denial Date:</b>	08/31/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/18/2015

### 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 York, Tennessee

Certification(s)/Specialty: Emergency 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 56-year-old male, with a reported date of injury of 08-22-2012. The diagnoses include history of poly-substance dependency, chronic post-traumatic stress disorder, depressive disorder, antisocial personality disorder, chronic neck pain, chronic low back pain, cervical degenerative disc disease and spinal stenosis, cervical spine disc protrusions C3-C7 with severe disc space narrowing, stenosis, and spondylosis, bilateral upper extremity radicular pain, thoracic spine sprain and strain, lumbosacral spine sprain and strain with old compression fracture at T12-L1, left knee sprain and strain, and right elbow sprain and strain, rule out internal derangement. Treatments and evaluation to date have included Norco (since at least 03-2013), Zanaflex, Soma, and home exercise program. The diagnostic studies to date have included an MRI of the cervical spine on 10-16-2012 which showed multi-level disc desiccation, kyphotic deformity with posterior convexity at C4, hypertrophy to the atlantoaxial joint, prominent transverse ligament of C1, multi-level anterior disc protrusion endplate osteophyte complex, central canal stenosis, and mild left neural foraminal stenosis; a urine drug screen on 08-03-2015 with negative findings; and a urine drug screen on 06-08-2015 with negative findings. The progress report dated 08-03-2015 indicates that the injured worker complained of constant severe headaches, which was rated 10 out of 10. He also complained of constant sharp neck pain, which was rated 10 out of 10 (08-03-2015) and 7-10 out of 10 (07-06-2015), with radiation to the bilateral upper extremities down to the bilateral shoulders and hands. The pain was associated with numbness and tingling sensation, left worse than the right side. There was also the complaint of constant low back pain, with radiation to the bilateral lower extremities and rated

10 out of 10 (08-03-2015) and 7-10 out of 10 (07-06-2015). The injured worker reported cervical and lumbar spine spasms. It was note that the injured worker reported constipation and diarrhea. The objective findings include limited range of motion in the cervical spine, positive bilateral Spurling's test, weakness in the upper extremities, and sensory deficit in the upper extremities. The objective findings on 07-06-2015 include decreased cervical range of motion, tenderness to palpation of the cervical paravertebral musculature, tenderness to palpation of the thoracic and lumbar paravertebral musculature, and tenderness to palpation of the left knee. The treatment plan included a refill of Norco, one tablet every day as needed for pain. There was documentation that future medical care for the injured worker included cervical spine fusion surgery. The injured worker has been instructed to remain off work and had a work status of temporary total disability. The request for authorization was dated 08-03-2015. The treating physician requested Norco 10-325mg #30. On 08-31-2015, Utilization Review (UR) non-certified the request for Norco 10-325mg #30.

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

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

**Norco 10/325mg, #30:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Acetaminophen, Opioids, criteria for use.

**Decision rationale:** Norco is the compounded medication containing hydrocodone and acetaminophen. Chronic Pain Medical Treatment Guidelines state that opioids are not recommended as a first line therapy. Opioid should be part of a treatment plan specific for the patient and should follow criteria for use. Criteria for use include establishment of a treatment plan, determination if pain is nociceptive or neuropathic, failure of pain relief with non-opioid analgesics, setting of specific functional goals, and opioid contract with agreement for random drug testing. If analgesia is not obtained, opioids should be discontinued. The patient should be screened for likelihood that he or she could be weaned from the opioids if there is no improvement in pain of function. It is recommended for short-term use if first-line options, such as acetaminophen or NSAIDS have failed. Opioids may be a safer choice for patients with cardiac and renal disease than antidepressants or anticonvulsants. Acetaminophen is recommended for treatment of chronic pain & acute exacerbations of chronic pain. Acetaminophen overdose is a well-known cause of acute liver failure. Hepatotoxicity from therapeutic doses is unusual. Renal insufficiency occurs in 1 to 2% of patients with overdose. The recommended dose for mild to moderate pain is 650 to 1000 mg orally every 4 hours with a maximum of 4 g/day. In this case, the patient has been receiving Norco since at least March 2013 and has not obtained analgesia. In addition, there is no documentation that the patient has signed an opioid contract. Criteria for long-term opioid use have not been met. The request is not medically necessary.