

<b>Case Number:</b>	CM15-0189081		
<b>Date Assigned:</b>	10/01/2015	<b>Date of Injury:</b>	06/14/2012
<b>Decision Date:</b>	11/12/2015	<b>UR Denial Date:</b>	08/26/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/25/2015

### 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 43 year old male, who sustained an industrial injury on 6-14-2012. The injured worker was being treated for lumbar pain with facet involvement, status post anterior cervical discectomy and fusion at C5-C6 (cervical 5-cervical 6) and C6-C7 (cervical 6-cervical 7), lower extremity neuropathic signs, and chronic myofascial pain in the cervical and lumbar musculature. Medical records (5-12-2015 to 8-13-2015) indicate ongoing, constant neck pain that radiated down the right upper extremity along the C8 (cervical 8) distribution. Associated symptoms include numbness into the fingers, tingling down into the mid scapular region, and right-side headaches. In addition, there was ongoing, constant low back pain extending down to the lower extremity. The medical records (5-12-2015 to 8-13-2015) show the subjective pain rating no change in the subjective pain rating: his medication decreases his pain from 8 out of 10 to 3-4 out of 10 for about 3 hours before it begins to increase again. His baseline pain is 6. His medication allows him to sleep up to 3 hours, walk around the house and short distances up to 15 minutes, and care for himself with showering, brushing his teeth, cooking, and cleaning. Per the treating physician (8-13-2015 report): The Controlled Substance Utilization Review and Evaluation System (CURES) report from 7-17-2015 revealed a prescription of Norco 7.5-325mg #100 was consistent with prescribed medications and the signed opioid agreement (dated 10-14-2015) and opioid risk assessment (dated 10-14-2015) were reviewed. The injured worker was graded as 0 on the opioid risk assessment. In addition, the treating physician noted that the urine drug screen from 5-12-2015 detected Hydrocodone and Soma as prescribed, and Tramadol, which was inconsistent. The treating physician discussed with the injured worker the

inappropriate use of medications, and the injured worker reported that he had used old medication when his current medications were absent. His medications cause an upset stomach and he takes over-the-counter antacid medication. The physical exam (8-13-2015) revealed tenderness of the cervical paraspinal musculature extending into the bilateral trapezium, right greater than left. There was restricted cervical range of motion with guarding due to apprehension and axial pain caused by compression, but not in a significant dermatomal pattern. There was continued significant tenderness of the low back with slight spasms on 8-13-2015. There was hyperesthesia along the right C8 and along the lateral aspect of the left leg down to the foot. Treatment has included therapy, acupuncture, epidural steroid injections, trigger point injections, a home exercise program, and medications including pain (Norco since at least 3-2015), anti-epilepsy (Lyrica), proton pump inhibitor (Prilosec), muscle relaxant (Soma), and non-steroidal anti-inflammatory Ibuprofen). Per the treating physician (5-27-2015 report), the injured worker is permanent and stationary. On 8-13-2015, the requested treatments included Norco 7.5-325mg #100. On 8-26-2015, the original utilization review non-certified a request for Norco 7.5-325mg #100.

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

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

**Norco 7.5/325mg #100 1 p.o. QID prn:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

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

**Decision rationale:** The patient presents on 08/13/15 with neck pain, which radiates into the right upper extremity along the C8 distribution, with associated numbness and tingling in the affected hand. The patient also complains of headaches and lower back pain, which radiates into an unspecified extremity. The patient's date of injury is 06/14/12. Patient is status post anterior cervical discectomy and fusion at C5-6 and C6-7 levels. The request is for NORCO 7.5/325MG #100 1 P.O. QUID PRN. The RFA is dated 08/13/15. Physical examination dated 08/13/15 reveals tenderness to palpation of the cervical paraspinal musculature and trapezius, right greater than left, pain elicitation upon compression, hyperesthesia along the C8 dermatome on the right. Lumbar examination reveals tenderness to palpation and spasms, with hypoesthesia noted along the lateral aspect of the left leg and foot. The patient is currently prescribed Lyrica, Ibuprofen, Norco, and Prilosec. Patient's current work status is not provided. MTUS, CRITERIA FOR USE OF OPIOIDS Section, pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS, CRITERIA FOR USE OF OPIOIDS Section, page 78 also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. MTUS, CRITERIA FOR USE OF OPIOIDS Section, p77, states that "function should include social, physical, psychological, daily and work activities, and should be performed using a validated instrument or numerical rating scale." MTUS,

MEDICATIONS FOR CHRONIC PAIN Section, page 60 states that "Relief of pain with the use of medications is generally temporary, and measures of the lasting benefit from this modality should include evaluating the effect of pain relief in relationship to improvements in function and increased activity." In regard to Norco for the management of this patient's chronic neck pain, the request is appropriate. Progress note dated 08/13/15 notes that this patient's medications reduce his pain from 8/10 to 4/10 for about 3 hours. Addressing functional improvements, the provider states that "... he is able to sleep up to three hours, walk around the house and short distances up to 15 minutes. He is able to self care, shower, brush his teeth, cook, and clean for himself." There is evidence in the records provided that this patient's urine toxicology screenings to date have been consistent with prescribed medications, and the provider specifically addresses a lack of aberrant behaviors. Utilization review non-certified this request on grounds that no visual analgesia scales are provided, however this is not accurate - as the progress note contains an entire subsection dedicated to 4A's monitoring. The documentation provided satisfies MTUS guideline requirements of analgesia via a validated scale, activity-specific functional improvements, consisted urine drug screening, and a lack of aberrant behavior. Given this patient's presentation, surgical history, and the adequate 4A's documentation as required by MTUS, continuation of narcotic medications is substantiated. The request IS medically necessary.