

<b>Case Number:</b>	CM15-0190389		
<b>Date Assigned:</b>	10/02/2015	<b>Date of Injury:</b>	08/02/2012
<b>Decision Date:</b>	11/10/2015	<b>UR Denial Date:</b>	09/15/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/28/2015

### 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 49 year old male, who sustained an industrial injury on 8-2-12. The injured worker was diagnosed as having severe cervical spondylosis, chronic low back pain and C6-C7 right sided foraminal stenosis. The physical exam (4-29-15 through 6-24-15) revealed 8-9 out of 10 pain without medications and 4-5 out of 10 pain with medications, a deferred cervical examination and restricted bilateral shoulder range of motion. Treatment to date has included a C5-C6 and C6-C7 discectomy and bilateral foraminotomy on 4-15-15, a TENS unit, psychological treatments, inpatient physical therapy for the cervical spine in 4-2015 x at least 2 sessions. Current medications include Prilosec, Neurontin, Amitriptyline, Tizanidine and Norco (since at least 4-29-15). As of the PR2 dated 8-26-15, the injured worker reports continued pain in his neck. He rates his pain 8 out of 10. Objective findings include "restricted" cervical and bilateral shoulder range of motion in all planes. The treating physician requested Norco 10-325mg #75. On 8-28-15 the treating physician requested a Utilization Review for Norco 10-325mg #75. The Utilization Review dated 9-15-15, modified the request for Norco 10-325mg #75 to Norco 10-325mg #62 for progressive wean at 10% per week, for safety reasons.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 10/325mg Qty 75 for 30 days: Upheld**

**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 for chronic pain, Opioids, long-term assessment.

**Decision rationale:** The claimant sustained a work injury in August 2012 and underwent an anterior cervical decompression and fusion in April 2015. His injury occurred when he fell from scaffolding onto cement while working in construction. When seen, he had pain ranging up to 8/10. Physical examination findings included cervical spine stiffness and tightness with restricted range of motion. There was a well healed surgical scar. There was bilateral acromioclavicular joint tenderness. There was wrist tenderness with decreased and painful range of motion with grip weakness. There was lumbar tenderness adjacent to his surgical scar. There was decreased lumbar range of motion with stiffness and tightness. There was decreased right lower extremity sensation. Norco was being prescribed and was continued at 10/325 mg #75. 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, there is no documentation that this medication is currently providing decreased pain through documentation of VAS pain scores or specific examples of how this medication is resulting in an increased level of function or improved quality of life. Continued prescribing at this dose is not considered medically necessary.