

<b>Case Number:</b>	CM15-0193524		
<b>Date Assigned:</b>	10/07/2015	<b>Date of Injury:</b>	10/29/2014
<b>Decision Date:</b>	11/16/2015	<b>UR Denial Date:</b>	10/01/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/01/2015

### 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, South Carolina

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, Family Practice

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a 54 year old female who sustained an industrial injury on 10-29-2014. A review of the medical records indicates that the injured worker is undergoing treatment for bilateral lumbar radiculopathy with mild right quad weakness and left L4 decreased sensation without significant stenosis on magnetic resonance imaging (MRI) scan 1-16-2015, left cervical radiculopathy with triceps and wrist extensor weakness, and L5-S1 bilateral facet arthropathy. Medical records (6- 12-2015 to 9-16-2015) indicate ongoing low back pain radiating into the hips bilaterally and down the legs. The injured worker complained of ongoing neck pain with pain and occasional numbness radiating down the left arm through the forearm into the hand and fingers. She complained of constant central neck pain radiating into the bilateral trapezius and mid scapular region. She rated her symptoms as 7 out of 10 with medication and 9 out of 10 without medication. Per the treating physician (9-16-2015), the injured worker was temporarily partially disabled. The physical exam (9-16-2015) revealed tenderness to palpation and spasms of the paracervical muscles. Treatment has included physical therapy, right sacroiliac joint block, and medications. Current medications (9-16-2015) included gabapentin, ibuprofen, Norco (since at least April 2015), and Xanax. The original Utilization Review (UR) (10-1-2015) denied a request 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, #60:** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids (Classification), Opioids, California Controlled Substance Utilization Review and Evaluation System (CURES) [DWC], Opioids, criteria for use, Opioids for chronic pain, Opioids for neuropathic pain.

**Decision rationale:** The cited CA MTUS guidelines recommend short acting opioids, such as Norco, for the control of chronic pain, and may be used for neuropathic pain that has not responded to first-line medications. The MTUS also states there should be documentation of the 4 A's, which includes analgesia, adverse side effects, aberrant drug taking behaviors, and activities of daily living. The injured worker's most recent records from 9-16-2015 included decreased pain of 2 points on the VAS with medications, no significant adverse effects, no aberrant behavior, subjective functional improvement, performance of necessary activities of daily living, and the first-line medication gabapentin. However, there is no recent pain contract on file and no objective functional improvement documented. Appropriate follow-up has been performed and weaning of opioids should be routinely reassessed and initiated as soon as indicated by the treatment guidelines. Based on the available medical information, Norco 10/325mg, #60 is medically necessary and appropriate for ongoing pain management.