

<b>Case Number:</b>	CM15-0195230		
<b>Date Assigned:</b>	10/09/2015	<b>Date of Injury:</b>	02/03/2015
<b>Decision Date:</b>	11/24/2015	<b>UR Denial Date:</b>	09/29/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/05/2015

### 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: 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:

The injured worker is a 45 year old male who sustained a work related injury February 3, 2015. According to a primary treating physician's progress report dated September 3, 2015, the injured worker presented for follow-up with continued severe and worsening neck pain, rated 7 out of 10, with radiation into the frontal region of his head, some intermittent numbness in his hands and frequent headaches. He also reported back pain, rated 8 out of 10, with radiation down his bilateral buttock regions (70% on the right and 30% on the left) with some numbness in his bilateral calves and feet, right side greater than left. The physician documented he is authorized for a lumbar epidural injection and a neurology consultation. He works for four hours per day (2-6pm) and reports he is limited to the medication he can take while at work, only taking Relafen, but not taking Norco. Past treatment included six sessions of physical therapy, six sessions of chiropractic therapy and six sessions of acupuncture, all with temporary relief. Medication history included Advil with some relief, Tramadol with minimal relief, Tylenol #30 with minimal relief and Norco 5-325mg with minimal relief. Current medication included Norco 10-325mg (also prescribed in April, 2015 and August 2015) two times a day decreases pain by 50% and allows him to increase his walking distance by at least 10 minutes, Flexeril 5mg helps with muscle spasm, Relafen 750mg somewhat helps reduce his stiffness while driving to work, causes stomach irritation, and Prilosec 20mg helps reduce gastrointestinal irritation. Physical examination revealed; gait antalgic; upper extremity sensation intact, decreased sensation right L4 and L5 dermatomes, straight leg raise on the right at 30 degrees causes radiation pain down the right leg to the calf and straight leg raise on the left at 30 degrees causes radiation of pain down the left posterior thigh; palpation tenderness along the left foot

plantar fascia. Diagnoses are cervical HNP; cervical facet arthropathy; lumbar degenerative disc disease; lumbar facet arthropathy; lumbar radiculopathy. Treatment plan included a recommendation for chiropractic therapy; proceed with authorized injection and consultation and medication. The physician documented his CURES is consistent. At issue, is the request for authorization dated September 3, 2015, Norco 10-325mg #60. A report of an MRI of the cervical spine dated March 24, 2015, is present in the medical record. A report of an MRI of the lumbar spine dated March 24, 2015 is present in the medical record. According to utilization review dated September 29, 2015, the request for Norco 10-325mg 1-3 x day #60 was modified to Norco 10-325mg #50 for purposes of initiating opioid taper for discontinuation over the course of the next 2-3 months.

### **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, Opioids, dosing, Opioids, specific drug list, Weaning of Medications.

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

**Decision rationale:** Per the MTUS guidelines, Hydrocodone/Acetaminophen (Norco) is indicated for moderate to moderately severe pain. In this case, the injured worker is complaining of severe pain and has been certified to undergo additional treatment and consultation. The injured worker is able to continue part time work and notes efficacy with the utilization of medications. The medical records do not establish evidence of abuse or diversion. At this juncture, the request for Norco is supported while the injured worker is awaiting undergoing additional treatment and evaluation. The request for Norco 10/325mg #60 is medically necessary and appropriate.