

<b>Case Number:</b>	CM15-0195529		
<b>Date Assigned:</b>	10/09/2015	<b>Date of Injury:</b>	10/20/1997
<b>Decision Date:</b>	11/18/2015	<b>UR Denial Date:</b>	09/19/2015
<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: New Jersey, New York  
 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 61 year old female, who sustained an industrial injury on 10-20-1997. A review of the medical records indicates that the injured worker is undergoing treatment for cervical degenerative disc disease, cervical postlaminectomy syndrome, cervical facet arthropathy, and cervicgia. On 9-11-2015, the injured worker reported worsening neck pain with radiation into the left upper extremity and left side of head with associated tightness and sharp pain in the left parietal region, rating her pain at 7 out of 10, improved since 8 out of 10 noted on 8-13-2015. The Primary Treating Physician's report dated 9-11-2015, noted the injured worker reported no significant relief from the cervical epidural steroid injection (ESI) performed on 8-27-2015. The injured worker's current medications were noted to include Lyrica, Voltaren gel, Trazodone, Gabapentin, MSER, Celexa, and Norco. The injured worker was noted to have tolerated a reduction in her MSER however, the physician noted she was unable to reduce further at that time. The injured worker noted continued benefit with her Norco which allowed her to remain active and function with household chores, noting 30-40% pain relief with use of her pain medications. The physical examination was noted to show decreased neck range of motion (ROM) due to pain with tenderness posteriorly left greater than right and sensory deficits in the C3-C4 dermatome of the left upper extremity. The treatment plan was noted to include medications reviewed and refilled prescriptions for Lyrica, MS Contin ER, prescribed since at least 12-11-2014, and Norco, prescribed since at least 12-11-2014. The injured worker was noted to be not currently working. The request for authorization dated 9-14-2015, requested MSER (Kadian) 60mg #60 and Norco 10/325mg #165. The Utilization Review (UR) dated 9-19-2015,

modified the requests for MSER (Kadian) 60mg #60 to approve #45 and Norco 10/325mg #165 to approve #150.

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

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

**MSER (Kadian) 60mg #60:** Overturned

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

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

**Decision rationale:** The request is medically necessary at this time. The patient had the 4 A's documented. Pain relief was documented as well as ability to increase function. There was no concern of aberrant behavior. And she did not have an adverse side effects to the medication. She was currently being weaned off opioids successfully. It is reasonable and medically necessary to remain on Kadian at this time.

**Norco 10/325mg #165:** Overturned

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

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

**Decision rationale:** The request is medically necessary at this time. The patient had the 4 A's documented. Pain relief was documented as well as ability to increase function. There was no concern of aberrant behavior. And she did not have an adverse side effects to the medication. She was currently being weaned off opioids successfully. It is reasonable and medically necessary to remain on Norco at this time.