

<b>Case Number:</b>	CM15-0197961		
<b>Date Assigned:</b>	10/13/2015	<b>Date of Injury:</b>	02/25/2012
<b>Decision Date:</b>	11/24/2015	<b>UR Denial Date:</b>	09/26/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/08/2015

### 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: Maryland, Texas, Virginia

Certification(s)/Specialty: Internal Medicine, Allergy and Immunology, Rheumatology

### 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 36 year old female, who sustained an industrial injury on 2-25-2012. The injured worker is being treated for chronic neck pain status-post surgical intervention, upper and mid back pain and carpal tunnel syndrome. Treatment to date has included surgical intervention (cervical discectomy and fusion, 2012, hardware removal and second fusion in 2013, and anterior cervical interbody fusion C4-6 on 6-16-2015), diagnostics, medications and physical therapy which made her symptoms worse per the 3-27-2015 note. Per the Primary Treating Physician's Progress Report dated 9-09-2015, the injured worker presented for follow-up. She reported persistent neck and mid back pain. She is also dealing with carpal tunnel. She rates her neck pain as 2 out of 10. Norco continues to be helpful. Objective findings included no significant change. The IW has been prescribed Norco since at least 2-16-2015. Per the medical records dated 2-16-2015 to 9-09-2015 there is no documentation of improvement in symptoms, increase in activities of daily living or decrease in pain level with the current treatment. The notes from the provider do not document efficacy of the prescribed medications. Per the noted dated 8-12-2015, she requires Norco for postoperative pain and without medications would not be able to perform activities of daily living. She has had no side effects. Work status on 9-09-2015 was temporarily totally disabled and the plan of care included continuation of Norco. Authorization was requested on 9-18-2015 for Norco 10-325mg #90 (DOS 9-09-2015). On 9-24-2015, Utilization Review modified the request for Norco 10-325mg #90.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 10/325mg, #90, dispensed 09/09/2015:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper Back (Acute and Chronic), Low Back - Lumbar & Thoracic (Acute & Chronic), Opioids, Pain.

**Decision rationale:** ODG does not recommend the use of opioids for neck and low back pain except for short use for severe cases, not to exceed 2 weeks. The patient has exceeded the 2 week recommended treatment length for opioid usage. MTUS does not discourage use of opioids past 2 weeks, but does state that "ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life." The treating physician does not fully document the least reported pain over the period since last assessment, intensity of pain after taking opioid, pain relief, increased level of function, or improved quality of life. As such, the request for Norco 10/325 mg # 90 09/30/2015 is not medically necessary.