

<b>Case Number:</b>	CM15-0021185		
<b>Date Assigned:</b>	02/10/2015	<b>Date of Injury:</b>	05/29/2002
<b>Decision Date:</b>	03/25/2015	<b>UR Denial Date:</b>	01/24/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/03/2015

### 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: Physical Medicine & Rehabilitation

### 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 56 year old male, who sustained a work/ industrial injury on 5/29/02 when he was on a pallet and was struck by a forklift. He fell to the ground on his back on a concrete floor and also struck his head but was not rendered unconscious. He has reported symptoms of low back pain with numbness in the left lower extremity along with recent neck pain and cramping in the upper extremities. Prior medical history included opioid dependence with Detox program, depressive disorder, hypertension, hepatitis C, and diabetes mellitus. The diagnoses have included post traumatic head syndrome, cervical myelopathy, diabetic neuropathy, and ataxia. Treatments to date included 5 lumbar surgeries and 7 lumbar fusions with anterior/posterior approaches, psychiatric evaluation, diagnostics, therapeutic facet injections, and pain management consultations. Diagnostics included a Magnetic Resonance Imaging (MRI) of 8/26/02 that revealed generalized lumbar spondylosis with multilevel discogenic disease from T11 through L5, moderate canal stenosis from T12-L1 through L3-4, and bilateral neural foramina stenosis from L2-3 through L4-5. A broad based disk protrusion and retrolisthesis was noted at L2-3, and a broad based L4-5 disc herniation was present at L1-2. On 12/2/04 a lumbar myelogram noted central spinal canal and neural foraminal stenosis at multiple levels. A Detox program was requested due opioid dependence. On 1/9/15, the IW reported increased pain symptoms from the previous month. There as an antalgic gait, significant cervical spine tenderness with spasms, positive Spurling's bilaterally, reduced cervical range of motion, positive Hoffman's bilaterally, decreased upper extremity sensation in all dermatomes, hyperreflexia, lumbar paraspinous tenderness. Diagnosis was cervical spondylosis with

myelopathy. The provider was requesting a prescription for Norco for pain management. Medications included trial with Suboxone to Methadone for opioid dependence, Cymbalta, Lyrica, Soma, Metformin, Glyburide, Flomax, and Norco. On 1/24/15 Utilization Review modified Norco 10/325 mg #100 to Norco 10/325 mg #60 (between 1/9/15 and 3/23/15), noting the California Medical treatment Utilization Schedule (MTUS) Guidelines.

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

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

**Norco 10/325 mg #100:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, page(s) 74-96.

**Decision rationale:** Per the MTUS Guidelines cited, opioid use in the setting of chronic, non-malignant, or neuropathic pain is controversial. Patients on opioids should be routinely monitored for signs of impairment and use of opioids in patients with chronic pain should be reserved for those with improved functional outcomes attributable to their use, in the context of an overall approach to pain management that also includes non-opioid analgesics, adjuvant therapies, psychological support, and active treatments (e.g., exercise). Submitted documents show no evidence that the treating physician is prescribing opioids in accordance to change in pain relief, functional goals with demonstrated improvement in daily activities, decreased in medical utilization or change in functional status. There is no evidence presented of random drug testing or utilization of pain contract to adequately monitor for narcotic safety, efficacy, and compliance. The MTUS provides requirements of the treating physician to assess and document for functional improvement with treatment intervention and maintenance of function that would otherwise deteriorate if not supported. From the submitted reports, there is no demonstrated evidence of specific functional benefit derived from the continuing use of opioids with persistent severe pain for this chronic injury without acute flare, new injury, or progressive deterioration. The Norco 10/325 mg #100 is not medically necessary and appropriate.