

<b>Case Number:</b>	CM15-0211264		
<b>Date Assigned:</b>	10/30/2015	<b>Date of Injury:</b>	06/30/2014
<b>Decision Date:</b>	12/11/2015	<b>UR Denial Date:</b>	10/02/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/27/2015

### 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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

### 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 38 year old male who sustained an industrial injury June 30, 2014. Past history included status post anterior fusion C5-C7 August 2014. According to the most recent discharge (from hospital) physician notes dated May 4, 2015, the injured worker presented to the hospital April 30, 2015, with neck pain, worse with walking. He also reported bilateral leg weakness and pain and tingling and bilateral numbness in the hands. While in the hospital he underwent; spinal tap (negative), intravenous steroids and physical therapy. Diagnoses are paresthesias in both upper and lower extremities secondary to spinal cord compression due to disc protrusion with postsurgical changes-cervical myelopathy; chronic neck pain. At issue, is the request for authorization for Norco 10-325mg #120 (since at least March 2, 2015). According to utilization review dated October 2, 2015, the requests for ibuprofen and Gabapentin were certified. The request for Norco 10-325mg #120 is non-certified.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 10/325mg #120:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use, Opioids for chronic pain, Opioids, dosing, Opioids, long-term assessment.

**Decision rationale:** The claimant sustained a work injury in June 2014 when he had neck and low back pain with loss of strength while unloading a dresser. He underwent a C5-C7 anterior cervical decompression and fusion in August 2014 for severe cervical myelopathy. When seen in September 2015 medications were decreasing pain from 9/10 to 5/10. Medications were Norco and gabapentin. Physical examination findings included cervical and lumbar tenderness with limited lumbar range of motion. There was lower extremity weakness. There was pain with manipulation of the fingers and decreased fourth and fifth finger extension. Medications were prescribed including Norco at a total MED (morphine equivalent dose) of 40 mg per day. When prescribing controlled substances for pain, satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. Norco (hydrocodone/acetaminophen) is a short acting combination opioid used for intermittent or breakthrough pain. In this case, it is being prescribed as part of the claimant's ongoing management. There are no identified issues of abuse or addiction and medications are providing decreased pain. The total MED is less than 120 mg per day consistent with guideline recommendations. Continued prescribing was medically necessary.