

<b>Case Number:</b>	CM15-0225900		
<b>Date Assigned:</b>	11/24/2015	<b>Date of Injury:</b>	05/29/2012
<b>Decision Date:</b>	12/31/2015	<b>UR Denial Date:</b>	11/09/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/17/2015

### 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: North Carolina

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 58-year-old male, who sustained an industrial injury on 5-29-2012. According to physician documentation, the injured worker was diagnosed with abdominal hernia status post repair, cervical mechanical neck pain and degenerative joint disease of the thoracic spine. Subjective findings dated 6-11-2015 and 7-14-2015 were notable for neck and upper back pain into his bilateral elbows with increased left flank burning rating his pain 9 out of 10 without medication and 4-5 out of 10 with medication, which allows him to complete his activities of daily living. On 11-3-2015, the injured worker describes his pain as, sharp, dull, aching, burning, tingling, numb, shooting, and continuous pain that he says is affecting his quality of life rating pain as 8 out of 10, which becomes aggravated with almost any activity and is relieved with medication. Objective findings dated 6-11-2015 and 7-15-2015, were notable for stiff neck posture with limited range of motion of his shoulders, neck range of motion revealed 30 degrees of flexion and extension, right and left side tilt 10 degrees, upper extremity strength 5 out of 5 except left triceps which is 4 out of 5 and a decreased pin prick sensation throughout his upper extremities. On 11-3-2015, subjective findings were notable for pain and tenderness of the upper, mid and lower cervical region, upper and mid thoracic region, with reports of pain in both wrist radiating to his neck with his right grip subjectively weaker than the left. On 6-8-2015, an MRI of the cervical spine was performed revealing, degenerative changes with disc space narrowing and bilateral bony neural foraminal narrowing. On 8-5-2015, and MRI revealed narrowing of the right foramen at (cervical) C3-C4, posterior disk protrusions and C4-C7 and concussion of the cord at multiple levels. Treatments to date have included physical therapy,

home exercises, nerve block, and wrist splint, Norco 10-325 (since at least 5-29-2012), Lyrica 150mg and Cymbalta. The Utilization Review determination dated 11-6-2015 did not certify treatment/service requested 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 (3x a day): Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids for chronic pain, Opioid hyperalgesia.

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

**Decision rationale:** When to Continue Opioids: (a) If the patient has returned to work. (b) If the patient has improved functioning and pain. (Washington, 2002) (Colorado, 2002) (Ontario, 2000) (VA/DoD, 2003) (Maddox-AAPM/APS, 1997) (Wisconsin, 2004) (Warfield, 2004) The long-term use of this medication class is not recommended per the California MTUS unless there documented evidence of benefit with measurable outcome measures and improvement in function. There is documented significant decrease in objective pain measures such as VAS scores for significant periods of time with pain decreased from a 9/10 to a 4/10. There are no objective measures of improvement of function or how the medication improves activities. Therefore not all criteria for the ongoing use of opioids have been met and the request is not medically necessary.