

<b>Case Number:</b>	CM15-0043458		
<b>Date Assigned:</b>	03/13/2015	<b>Date of Injury:</b>	08/25/2009
<b>Decision Date:</b>	04/23/2015	<b>UR Denial Date:</b>	02/28/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/09/2015

### 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 43 year old female who sustained an industrial injury on 8/25/09. The injured worker reported symptoms in the neck. The injured worker was diagnosed as having right C2-C3 and right C3-C4 facet joint pain, cervical facet joint arthropathy, chronic neck pain, bilateral lower cervical facet joint pain, bilateral upper cervical facet joint pain, cervical facet joint arthropathy, anterior cervical discectomy and fusion at C5-C6, and cervical strain/sprain. Treatments to date have included status post fluoroscopically guided right C2-C3 and C3-C4 radiofrequency nerve ablation, status post positive fluoroscopically guided diagnostic right C2-C3 and right C3-C4 facet joint medial branch block and oral pain medications. Currently, the injured worker complains of cervical pain with associated cervical spasms. The plan of care was for medication prescriptions, facet joint medial branch block and a follow up appointment at a later date.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 10/325mg quantity 150:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines criteria for use of opioids Hydrocodone Page(s): 76-78, 88-89, 90.

**Decision rationale:** The patient presents with bilateral neck pain. The patient is status post cervical discectomy from 06/11/2014. The physician is requesting NORCO 10/325 MG QUANTITY 150. The RFA from 02/20/2015 shows request for Norco 10/325 mg one tab PO Q5H PRN pain quantity 150 without refills. The patient's date of injury is from 08/25/2009 and she is currently temporarily totally disabled. For chronic opiate use, the MTUS guidelines page 88 and 89 on criteria for use of opioids states, "pain should be assessed at each visit, and functioning should be measured at six-month intervals using a numerical scale or validated instrument." MTUS page 78 On-Going Management also require documentation of the 4A's including analgesia, ADLs, adverse side effects, and aberrant drug seeking behavior, as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medications to work, and duration of pain relief. The MTUS page 90 notes that a maximum dose for Hydrocodone is 60mg/day. The medical records show that the patient was prescribed Norco on 07/29/2014. The 02/17/2015 progress report shows that the patients average pain is 3 to 4/10 and 9--10/10 at its worst. The Oswestry disability index score is 27% with the use of Norco and 39% without Norco. No side effects reported. The physician referenced the 12/30/2014 urine drug screen that showed consistent results. However, this report was not made available. There were no before and after pain scales noted to show analgesia. There are no discussions about specific activities of daily living. Given the lack of sufficient documentation showing medication efficacy for chronic opiate use, patient should now be slowly weaned as outlined in the MTUS guidelines. The request IS NOT medically necessary.