

<b>Case Number:</b>	CM15-0048595		
<b>Date Assigned:</b>	03/20/2015	<b>Date of Injury:</b>	02/25/2012
<b>Decision Date:</b>	05/01/2015	<b>UR Denial Date:</b>	03/07/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/13/2015

### 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, 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 35-year-old female who sustained an industrial injury on 02/25/2012. Current diagnoses include neck pain status post cervical fusion and upper/mid back pain. Previous treatments included medication management, cervical fusion, yoga, and home stretching. Previous diagnostic studies included x-rays of the cervical spine, MRI of the cervical spine, MRI of the thoracic spine, and CT of the neck and cervical spine. Initial complaints included upper back pain radiating down her back. Report dated 02/16/2015 noted that the injured worker presented with complaints that included ongoing neck, thoracic, and low back pain. She also reported intermittent chest pains and racing heart. Pain level was not included. Physical examination was noted for sitting uncomfortably, reports feeling depressed, and walks fluidly with no significant antalgic gait. Current medication regimen includes Norco and Zofran. The treatment plan included prescribed Norco and Zofran, discussed the handicap placard, request for psychiatric consultation and cardiology consultation, encouraged to keep her appointment with the surgeon, and follow up in 1 month. Disputed issue includes Norco 10/325mg #90. A progress report dated January 14, 2015 indicates the Norco was prescribed at 2 to 3 per day as needed and has been taken 2-6 per day due to a flare-up. The patient is reported to be "out of medication for quite some time."

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 10/325mg #90:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 & 9792.26 MTUS (Effective July 18, 2009) Page(s): 44, 47, 75-79, 120 of 127.

**Decision rationale:** Regarding the request for Norco (hydrocodone/acetaminophen), California Pain Medical Treatment Guidelines state that this is an opiate pain medication. Due to high abuse potential, close follow-up is recommended with documentation of analgesic effect, objective functional improvement, side effects, and discussion regarding any aberrant use. Guidelines go on to recommend discontinuing opioids if there is no documentation of improved function and pain. Within the documentation available for review, there is no indication that the medication is improving the patient's function or pain (in terms of specific examples of functional improvement and percent reduction in pain or reduced NRS), no documentation regarding side effects, and no discussion regarding aberrant use. As such, there is no clear indication for ongoing use of the medication. Additionally, it appears there was a recent narcotic agreement violation, and it is unclear what action was taken as a result (such as urine drug screen, part report, future pill counts, etc.). Opioids should not be abruptly discontinued, but unfortunately, there is no provision to modify the current request to allow tapering. In light of the above issues, the currently requested Norco (hydrocodone/acetaminophen) is not medically necessary.