

<b>Case Number:</b>	CM15-0056550		
<b>Date Assigned:</b>	04/01/2015	<b>Date of Injury:</b>	09/09/1992
<b>Decision Date:</b>	05/07/2015	<b>UR Denial Date:</b>	02/27/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/25/2015

### 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: Internal Medicine

### 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 62 year old male, who sustained an industrial injury on 09/09/1992. He reported symptoms in his neck with pain radiating into the shoulder and arm and tingling in the hand. Treatment to date has included chiropractic care, MRI, medications, 3 cervical spine surgeries, electrodiagnostic testing, epidural injections, carpal tunnel release and Functional Capacity Evaluation. Currently, the injured worker complains of neck pain down to his arm. Pain level was rated 8 on a scale of 1-10. Current medications included Norco, Baclofen, Neurontin and Mobic. Impression was noted status post three cervical spine surgeries with C5 to T1 fusion with failed neck syndrome, cervical spine degenerative disease with right C8 radiculopathy and cervicogenic headache, status post right carpal tunnel release surgery in 2002 and right wrist fusion on 01/11/2012 and revision on 09/19/2012 and bilateral shoulders impingement syndrome. Treatment plan included Norco, Baclofen, Neurontin and Mobic and continue home exercise program.

### IMR ISSUES, DECISIONS AND RATIONALES

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

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

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, page 74-96. Hydrocodone/Acetaminophen, page 91.

**Decision rationale:** Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines (page 89) present the strategy for maintenance for long-term users of opioids. "Do not attempt to lower the dose if it is working." Supplemental doses of break-through medication may be required for incidental pain, end-of dose pain, and pain that occurs with predictable situations. The standard increase in dose is 25 to 50% for mild pain and 50 to 100% for severe pain. Actual maximum safe dose will be patient-specific and dependent on current and previous opioid exposure, as well as on whether the patient is using such medications chronically. Hydrocodone/Acetaminophen (Norco) is indicated for moderate to moderately severe pain. The Physical Medicine & Rehabilitation primary treating physician progress report dated February 12, 2015 documented that the patient had three cervical spine surgeries with C5 to T1 fusion and had chronic neck pain and radicular pain. He had right carpal tunnel release in 2000. He felt neck pain radiating to bilateral upper limbs and both shoulders pain. Cervical spine MRI showed C5-T1 fusion with hardware, and C3-4 disc degenerative change with moderate right more than left neural foraminal stenosis. He felt the right hand numbness and tingling. Electrodiagnostic showed left moderate to severe and right moderate carpal tunnel syndrome, left ulnar entrapment neuropathy at wrist, and right C8 mild chronic radiculopathy. He has a history of right wrist arthritis, a fused wrist with no motion, grip strength loss in the right hand and subjective complaints. Medication reduces pain level. Three cervical spine surgeries with C5 to T1 fusion with failed neck syndrome was noted. Cervical spine degenerative disease with right cervical radiculopathy and cervicogenic headache was noted. Right carpal tunnel release surgery in 2002 and right wrist fusion on 1/11/12 and revision on 9/19/12 was noted. Bilateral shoulders impingement syndrome was noted. Analgesia was documented. Medical records document objective physical examination findings. Medical records document regular physician clinical evaluations and monitoring. Per MTUS, Hydrocodone/Acetaminophen (Norco) is indicated for moderate to moderately severe pain. The request for Norco (Hydrocodone/Acetaminophen) is supported by the MTUS guidelines. Therefore, the request for Norco 10/325 mg is medically necessary.