

<b>Case Number:</b>	CM15-0057739		
<b>Date Assigned:</b>	04/02/2015	<b>Date of Injury:</b>	03/13/2013
<b>Decision Date:</b>	05/08/2015	<b>UR Denial Date:</b>	03/16/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/26/2015

### 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 56 year old male, who sustained an industrial injury on 03/13/2013. Currently, the injured worker complains of constant neck pain with radiation to the right upper extremity down into the third digit of the right hand, constant low back pain with radiation to the right lower extremity, constant right shoulder pain with associated numbness, tingling and a clicking sensation, intermittent right elbow pain with associated weakness, intermittent bilateral wrist pain a, constant bilateral hip pain, anxiety, depression, stress and insomnia. The provider requested authorization for an urgent anterior cervical decompression and fusion surgery at C3 through C5 due to the severe nature of the injured worker's cervical spine stenosis and the inability to ambulate with severe cervical spine pain, which radiated to the bilateral upper extremities in the C4 and C5 dermatome distributions, along with findings based on previous examinations including upper extremity motor weakness and upper extremity sensory deficit and limited range of motion of the cervical spine. Currently under review is the request for urgent Norco #60.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Urgent Norco #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chronic Pain Treatment Guidelines Opioids.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines CRITERIA FOR USE OF OPIOIDS Hydrocodone Page(s): 76-78, 88-90.

**Decision rationale:** The patient presents with neck pain radiating to upper extremities rated at 8/10, low back pain radiating to lower extremity, and right shoulder pain rated at 7/10. The request is for URGENT NORCO #60. The request for authorization is not provided. The patient is status-post L4-L5 laminectomy and decompression, 07/02/13. Status-post right shoulder surgery, 10/30/14. Physical examination of the cervical spine reveals the neck is quite stiff and restricted with spasms. Cervical compression test and Spurling's test are positive. Sensory examination reveals decreased sensation in the C6 and C7 dermatomes. Diagnoses include herniated nucleus pulposus at C3-C4 and severe left foraminal stenosis at C6-C7. He also reports symptoms of anxiety, depression, stress and insomnia. Patient's medications include Ibuprofen, Medrol, Soma, Norco, Xanax, Dexamethasone, Colace and Lovenox. The patient is temporarily totally disabled. MTUS Guidelines pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4As -analgesia, ADLs, adverse side effects, and adverse 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 medication to work and duration of pain relief. MTUS p90, maximum dose for Hydrocodone, 60mg/day. Per progress report dated, 03/12/15, treater's reason for the request is "post-operative medication is requested in order to aid in the patient's recovery. I am recommending and requesting authorization for an urgent anterior cervical decompression and fusion surgery at C3 through C5." The patient is prescribed Norco since at least 10/24/14. MTUS requires appropriate discussion of the 4A's, however, in addressing the 4A's, treater does not discuss how Norco significantly improves patient's activities of daily living with specific examples of ADL's. Analgesia is not discussed either, specifically showing significant pain reduction with use of Norco. No validated instrument is used to show functional improvement. Furthermore, there is no documentation or discussion regarding adverse effects and aberrant drug behavior. An UDS is done 10/24/14, but CURES or opioid pain contract. Therefore, given the lack of documentation as required by MTUS, the request IS NOT medically necessary.