

<b>Case Number:</b>	CM15-0069038		
<b>Date Assigned:</b>	04/16/2015	<b>Date of Injury:</b>	12/03/2012
<b>Decision Date:</b>	07/21/2015	<b>UR Denial Date:</b>	03/18/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/10/2015

### 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: Massachusetts

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 was a 61 year old male, who sustained an industrial injury, December 3, 2012. The injured worker previously received the following treatments random toxicology laboratory studies negative for any unexpected findings, cervical spine MRI, cervical spine x-rays, lumbar spine x-rays, right knee MRI, appoints with the brain injury center, right shoulder surgery, right knee surgery and Norco. The injured worker was diagnosed with right degenerative joint disease, spondylosis C5-C6 and C6-C7, right sided disc herniation of C5-C6 and C6-C7, lumbar spine with mild spondylosis, post-concussion syndrome and cervical spine musculoligamentous sprain/strain. According to progress note of March 11, 2015, the injured workers chief complaint was persistent neck pain, which was tolerable with Norco. The pain in the neck and right shoulder were rated at 7 out of 10. The physical exam noted normal flexion and power testing to the bilateral upper and lower extremities except for the right C6 weakness and numbness. The injured worker was able to can heel walk and toe walk bilaterally. There was cervical tenderness. The cervical spine range of motion was decreased by about 30%. The Lhermitte's test was negative but equivocal right Spurling's sign. The treatment plan included a prescription for Norco.

### IMR ISSUES, DECISIONS AND RATIONALES

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

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

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines (1) Opioids, criteria for use, (2) Opioids, dosing Page(s): 76-80, 86.

**Decision rationale:** The claimant sustained a work injury in December 2012 and continues to be treated for neck and right shoulder pain. Norco was prescribed in January 2015. When seen, he was having persistent pain rated at 7/10, tolerable with Norco. Physical examination findings included cervical spine tenderness with decreased range of motion. Spurling's testing was equivocal. There was right upper extremity weakness and numbness. Norco (hydrocodone / acetaminophen) is a short acting combination opioid often used for intermittent or breakthrough pain. In this case, it is being prescribed as part of the claimant's ongoing management. Although there are no identified issues of abuse or addiction and the total MED is less than 120 mg per day, there is no documentation that this medication is providing decreased pain by documentation of VAS pain scores, increased level of function, or improved quality of life. Continued prescribing was not medically necessary.