

<b>Case Number:</b>	CM15-0084371		
<b>Date Assigned:</b>	05/06/2015	<b>Date of Injury:</b>	02/07/2005
<b>Decision Date:</b>	06/05/2015	<b>UR Denial Date:</b>	04/02/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/01/2015

### 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: Emergency 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 50 year old male, who sustained an industrial/work injury on 2/7/05. He reported initial complaints of neck and back pain. The injured worker was diagnosed as having cervical myoligamentous injury with 3-4 disc protrusion, bilateral upper extremity radiculopathy, lumbar spine sprain/strain syndrome, and bilateral lower extremity radiculopathy. Treatment to date has included medications, steroid epidural injections, surgery (cervical fusion), and psychology care. MRI results were reported on 5/17/12 revealed L5-S1 protrusion that abuts the thecal sac. Electromyography and nerve conduction velocity test (EMG/NCV) was performed on 6/27/14 and revealed acute C6 radiculopathy on the left and acute L5 radiculopathy. Currently, the injured worker complains of ongoing neck pain with radicular symptoms in the left upper extremity with pain rated at 7-9/10. There was difficulty with swallowing liquids following cervical fusion. Per the primary physician's progress report (PR-2) on 3/19/15, a wheeled walker was utilized for ambulation with a fall on 2/18/15 when the walker folded. Examination noted tenderness in the cervical and lumbar paraspinal muscles, numerous trigger points, decreased cervical and lumbar range of motion, and decreased sensation in the posterior thigh and calf in an L5-S1 distribution in the left lower extremity. Current plan of care included renew medication, physical therapy and interferential unit. The requested treatments include Norco 10/325 mg.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 10/325 mg #120 no refills:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47-48, Chronic Pain Treatment Guidelines opioids. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), pain chapter.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, On-Going Management, Pages 78-80, Opioids for Chronic Pain, Pages 80-82.

**Decision rationale:** The requested Norco 10/325 mg #120 no refills, is not medically necessary. CA MTUS Chronic Pain Treatment Guidelines, Opioids, On-Going Management, Pages 78-80, Opioids for Chronic Pain, Pages 80-82, recommend continued use of this opiate for the treatment of moderate to severe pain, with documented objective evidence of derived functional benefit, as well as documented opiate surveillance measures. The treating physician has not documented VAS pain quantification with and without medications, duration of treatment, objective evidence of derived functional benefit such as improvements in activities of daily living or reduced work restrictions or decreased reliance on medical intervention, nor measures of opiate surveillance including an executed narcotic pain contract or urine drug screening. The injured worker has ongoing neck pain with radicular symptoms in the left upper extremity with pain rated at 7-9/10. The treating physician has documented tenderness in the cervical and lumbar paraspinal muscles, numerous trigger points, decreased cervical and lumbar range of motion, and decreased sensation in the posterior thigh and calf in an L5-S1 distribution in the left lower extremity. The criteria noted above not having been met, Norco 10/325 mg #120 no refills, is not medically necessary.