

<b>Case Number:</b>	CM15-0233234		
<b>Date Assigned:</b>	12/08/2015	<b>Date of Injury:</b>	09/02/2015
<b>Decision Date:</b>	01/13/2016	<b>UR Denial Date:</b>	10/27/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/25/2015

### 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: New Jersey  
 Certification(s)/Specialty: Family Practice

### 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 39 year old male, who sustained an industrial injury on 8-2-2010. He reported low back and pain in the chest bone. The injured worker was diagnosed as having cervical and lumbar radiculopathy and chronic pain syndrome. Treatment to date has included diagnostic testing, medications, injections and facet blocks, physical therapy, psychiatric care and surgery (L5-S1 AP decompression and fusion on 12-20-2012). The initial pain management evaluation note dated 9-10-2015, the IW complains of "pain located in the neck occurring all the the time which he describes as stabbing pain increasing when turning the head from side to side, looking up and down, pushing, pulling, sitting, standing and lifting. There is radiating achy pain down the arms into all the fingers in both hands most of the time. He states his cervical spine remains the same and he states taking the pain medications, temporarily relieves the discomfort. The IW complains of pain located in the right and left shoulder occurring most of the time on the right and all the time on the left. The pain is aggravated when pushing, pulling, lifting, carrying, reaching overhead, holding and laying down. The pain radiates down the arm into the hands. He also has pain in the left wrist all the time, pain in low back all the time and pain in bilateral knees most of the time. He can walk approximately 30 minutes with the use of a cane for support, he can stand approximately 5 minutes, he can sit about 1 hour. On exam, the spinal axial has decreased range of motion with tender paraspinal muscle spasms, brachioradialis and deltoids, tender bilateral thoracic, lumbar and buttocks musculature. There is weakness in bilateral calves on flexion and extension. He has positive straight leg raises and trigger points bilaterally. Drug testing shows compliance. Plan is to titrate off Hydrocodone, continue Fluoxetine and start

Gabapentin 300mg three times a day". The progress note dated 10-22-2015, IW is complaining of neck pain radiating to arms and low back pain radiating to legs. On exam, Spurling test and straight leg raises positive bilaterally. The treatment plan is to continue Flexeril, Gabapentin and topical creams. The UR decision, dated 10-27-2015 denied Norco 5-325mg, quantity 60. The request for authorization, dated 11-24-2015 is for Norco 5-325mg, quantity 60.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Norco 10/325mg #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids (Classification).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use, Opioids, long-term assessment.

**Decision rationale:** The MTUS Chronic Pain Medical Treatment Guidelines state that opioids may be considered for moderate to severe chronic pain as a secondary treatment, but require that for continued opioid use, there is to be ongoing review and documentation of pain relief, functional status, appropriate medication use with implementation of a signed opioid contract, drug screening (when appropriate), review of non-opioid means of pain control, using the lowest possible dose, making sure prescriptions are from a single practitioner and pharmacy, and side effects, as well as consultation with pain specialist if after 3 months unsuccessful with opioid use, all in order to improve function as criteria necessary to support the medical necessity of opioids. Long-term use and continuation of opioids requires this comprehensive review with documentation to justify continuation. In the case of this worker, Norco was used regularly leading up to this request for continuation. However, there was insufficient evidence found in the notes provided to show a full review regarding Norco use was completed and documented. In particular, although pain levels of 7-9/10 VAS were reported over the prior months, there was no mention of how these levels or functional abilities were affected by the Norco when used. Therefore, without enough evidence of appropriateness and effectiveness of this medication, the Norco is not medically necessary. Weaning may be indicated.