

<b>Case Number:</b>	CM15-0235872		
<b>Date Assigned:</b>	12/11/2015	<b>Date of Injury:</b>	02/13/2006
<b>Decision Date:</b>	01/21/2016	<b>UR Denial Date:</b>	11/20/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/02/2015

### 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: Texas, Illinois

Certification(s)/Specialty: Preventive Medicine, Occupational 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 52 year old male, who sustained an industrial injury on 2-13-2006. A review of the medical records indicates that the injured worker is undergoing treatment for post cervical decompression, C6-C7 fusion, and peripheral neuropathy. On 11-4-2015, the injured worker reported neck, low back, shoulder, and bilateral leg pain with headaches. The Primary Treating Physician's report dated 11-4-2015, noted the injured worker reported 9 falls in October and 14 falls in September. The injured worker's current medications were noted to include Gabapentin, Norco, prescribed since at least 7-24-2015, Dilaudid, Glyburide, Metformin, Humulin, Seroquel, Diazepam, and Baclofen. The physical examination was noted to show the injured worker using a wheelchair, cervical spine range of motion (ROM) limited due to the fusion, the thoracic spine with marked tenderness, and the lumbar spine with pain and discomfort with range of motion (ROM) and axial spine tenderness over the right quadratus lumborum. The injured worker was noted to have positive straight leg raise with sensory loss of the right lateral calf and entire foot. Prior treatments have included cervical anterior cervical discectomy and fusion (ACDF) April 2015, bracing, injections, physical therapy, Diazepam, Seroquel, and Xanax. The treatment plan was noted to include prescriptions for Gabapentin, Norco, Hydromorphone, and Baclofen. The injured worker's work status was noted to be unable to work. The request for authorization was noted to have requested one prescription for Norco 10-325mg #135. The Utilization Review (UR) dated 11-20-2015, modified the request for one prescription for Norco 10-325mg #135 to certification of #30 with all remaining tablets non-certified.

## IMR ISSUES, DECISIONS AND RATIONALES

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

### **1 prescription for Norco 10/325 mg #135: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids for neuropathic pain, Opioids for chronic pain, Opioids for osteoarthritis, Opioids, criteria for use.

**Decision rationale:** The injured worker sustained a work related injury on 2-13-2006. The medical records provided indicate the diagnosis of post cervical decompression, C6-C7 fusion, and peripheral neuropathy. Treatments have included cervical anterior cervical discectomy and fusion (ACDF) April 2015, bracing, injections, physical therapy, Diazepam, Seroquel, and Xanax. MTUS recommends the use of the lowest dose of opioids for the short term treatment of moderate to severe pain. Also, the MTUS recommends that individuals on opioid maintenance treatment be monitored for analgesia (pain control), activities of daily living, adverse effects and aberrant behavior; the MTUS recommends discontinuation of opioid treatment if there is no documented evidence of overall improvement or if there is evidence of illegal activity or drug abuse or adverse effect with the opioid medication. The MTUS does not recommend the use of more than 120 morphine equivalents of opioid in a day, except while being treated by a pain specialist. It is uncertain how long the injured worker has been using opioid medication, but the records reveal he has been taking them at least since 2010 without objective evidence of functional improvement. Also, the injured worker is not adequately monitored based on MTUS guidelines. Furthermore, besides being taking more than the maximum recommended opioid dose of 120 morphine equivalents in a day, the injured worker is on several sedating medications. Therefore, the medical records provided for review reveals that 1 prescription for Norco 10/325 mg #135 is not medically necessary and appropriate.