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| <b>Case Number:</b>   | CM14-0112810 |                              |            |
| <b>Date Assigned:</b> | 08/01/2014   | <b>Date of Injury:</b>       | 02/09/2007 |
| <b>Decision Date:</b> | 10/24/2014   | <b>UR Denial Date:</b>       | 06/23/2014 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 07/19/2014 |

### 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. The expert reviewer is Board Certified in Internal Medicine, and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 reported an injury on 02/09/2007. The mechanism of injury was not stated. The current diagnoses include status post anterior and posterior cervical discectomy and fusion with residual symptoms, bilateral upper extremity radiculopathy, lumbar disc herniation, and bilateral lower extremity radiculopathy. The injured worker was evaluated on 07/18/2014 with complaints of ongoing pain in the cervical and lumbar spine with radiation into the upper and lower extremities. Previous conservative treatment is noted to include physical therapy and medication management. The physical examination revealed tenderness to palpation over the cervical paraspinal muscles, spasm, limited cervical range of motion, diminished strength in the left upper extremity, decreased sensation in the C4 through C6 dermatomal distributions bilaterally, tenderness to palpation of the lumbar paraspinal muscles, lumbar muscle spasm, positive straight leg raising, positive sacroiliac strain testing, limited lumbar range of motion, and decreased sensation in the left L5 and S1 dermatomal distributions. Treatment recommendations at that time included additional physical therapy and a referral to a pain management specialist. A request for authorization form was not submitted on the requesting date.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 1 refill to allow for weaning:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids - Hydrocodone and Acetaminophen.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-82.

**Decision rationale:** The California MTUS Guidelines state a therapeutic trial of opioids should not be employed until the patient has failed a trial of non-opioid analgesics. Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects should occur. The injured worker has continuously utilized this medication for an unknown duration. It was noted on a separate physician progress report dated 07/31/2014, the injured worker reported less than 50% pain relief with the use of Norco 10/325 mg. Therefore, continuation of this medication cannot be determined as medically appropriate in this case. There is also no strength, frequency or quantity listed in the request. As such, the request is not medically appropriate.