

|                       |              |                              |            |
|-----------------------|--------------|------------------------------|------------|
| <b>Case Number:</b>   | CM15-0106876 |                              |            |
| <b>Date Assigned:</b> | 06/11/2015   | <b>Date of Injury:</b>       | 03/19/2013 |
| <b>Decision Date:</b> | 07/16/2015   | <b>UR Denial Date:</b>       | 05/26/2015 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 06/03/2015 |

### 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: 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 55 year old female, who sustained an industrial injury on March 19, 2013. She reported neck pain and bilateral upper extremity weakness after striking her head on a metal box. The injured worker was diagnosed as having cervicalgia, cervical radiculopathy and chronic pain syndrome. Treatment to date has included diagnostic studies, physical therapy, acupuncture and chiropractic care, medications, epidural steroid injections and work restrictions. Currently, the injured worker complains of continued neck pain with bilateral upper extremity weakness. The injured worker reported an industrial injury in 2013, resulting in the above noted pain. She was treated conservatively without complete resolution of the pain. Evaluation on December 15, 2014, revealed continued neck pain and headaches with associated difficulty sleeping. She underwent cervical epidural steroid injection under fluoroscopy on January 7, 2015, with no noted difficulties. Evaluation on January 12, 2015, revealed up to a 75% improvement in neck pain since the injection. Evaluation on April 15, 2015, revealed continued severe pain and inadequate sleep. She reported feeling angry and depressed. The headaches were noted to have returned. Norco was requested.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 10/325mg #150:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47-49, Chronic Pain Treatment Guidelines Opioids and Weaning of Medications Page(s): 78, 80, 88, 80-81, 82, 86-87, 124.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids for chronic pain Page(s): 80-82.

**Decision rationale:** This patient receives treatment for chronic cervical pain. The date of the industrial injury is 03/19/2013. The patient's diagnoses include chronic pain syndrome and neck pain with radiculopathy. This review addresses a request for Norco 1-/325 mg #150. Norco contains 10 mg of Hydrocodone, an opioid. The patient may be taking 50 mg of Hydrocodone a day. This patient has become opioid dependent, exhibits opioid tolerance, and may be exhibiting hyperalgesia, which are all associated with long-term opioid treatment. Opioids are not recommended for the long-term management of chronic pain, because clinical studies fail to show either adequate pain control or a return to function, when treatment relies on opioid therapy. The documentation fails to document any quantitative assessment of return to function, which is an important clinical measure of drug effectiveness. Based on the documentation treatment with Norco is not medically indicated.