

<b>Case Number:</b>	CM15-0174183		
<b>Date Assigned:</b>	09/16/2015	<b>Date of Injury:</b>	08/02/2012
<b>Decision Date:</b>	10/20/2015	<b>UR Denial Date:</b>	08/13/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/03/2015

### 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: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular 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 49-year-old male, who sustained an industrial injury on August 2, 2012 and reported neck and low back pain. The injured worker is diagnosed as having chronic low back pain, cervical sprain, lumbar disc desiccation 4 mm anterior listhesis at L5-S1, severe cervical spondylosis and severe C6-C7 right sided foraminal stenosis. His work status is temporary total disability. Currently, the injured worker complains of neck pain rated at 6-7 on 10 and low back pain rated at 9-10 on 10, which is reduced to 7 on 10 with medication. His previous pain rating was 8 on 10 in February 2015 without medication and 5 on 10 with medication in March 2015. His low back pain radiates into his buttocks and travels down to his legs bilaterally (left greater than right) and is described as cramps, numbness and tingling. The pain is described as a "ball of fire" in the left leg and he experiences a burning sensation that becomes a pulsating sensation when he lies down in an attempt to alleviate his pain. The buttocks are frequently numb and causes increased difficulty ambulating. He reports twisting his body to the left produces a shooting pain down his left leg, the need for frequent position changes and standing, walking, sitting and lying down are bothersome. He also reports a decrease in activity due to the pain. Physical examinations dated February 18, 2015-July 29, 2015 reveal tenderness on palpation of the right wrist joint, range of motion is "somewhat" restricted due to the pain and there is "ulnar and radial deviation" and decreased grip and grasp on the right. There is cervical paravertebral and trapezius pain (right greater than left) and the "range of motion is somewhat restricted in flexion and extension." There is tenderness noted in the bilateral acromioclavicular joint. There is "decreased sensation in the right lateral side below

knee area." There is stiffness, tightness and pain on the sides of the lumbar scars, range of motion is restricted and he is unable to heel and toe walk due instability. Treatment to date has included x-ray (April 30, 2015-reveals interbody bone grafts C5-C6 and C6-C7 with no evidence of malalignment of complication), cervical spine MRI (March 2015-reveals mild segmental stenosis C5-C6 and mild right foraminal narrowing C6-C7, medication (Norco-for a minimum of 7 months, Flexeril, Elavil, Omeprazole, Tizanidine), electro diagnostic studies, cervical surgery (April 15, 2015-resulted in the onset of additional symptoms of increased numbness and tingling down into his shoulders and into his armpit area that radiates down into his pointer and middle fingers on both of his hands), lumbar spine support (allowed for more functional activity), TENS unit (for his right wrist and hand, but the relief is temporary) and a cane for ambulation due to instability. A request for Norco 10-325 mg #90 (one tablet every eight hours) is modified to #75 to allow for weaning as long term use is not recommended, failure to provide documentation of aberrant drug taking behaviors (or lack of), effect of medication on activities of daily living, adverse side effects, drug screening, or established functional improvement from medication, per Utilization Review letter dated August 13, 2015.

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

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

**Norco tab 10/325mg #90, 1 tab every 8 hours: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

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

**Decision rationale:** Norco tab 10/325mg #90, 1 tab every 8 hours is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The MTUS states that a satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. The MTUS does not support ongoing opioid use without improvement in function or pain. The documentation reveals that the patient has been on long-term opioids without significant increase in function and with continued significant pain, therefore the request for continued Norco is not medically necessary.