

<b>Case Number:</b>	CM15-0029826		
<b>Date Assigned:</b>	02/23/2015	<b>Date of Injury:</b>	03/22/2001
<b>Decision Date:</b>	04/01/2015	<b>UR Denial Date:</b>	02/06/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/17/2015

### 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: Emergency 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 54 year old male who sustained a work related injury March 22, 2001. While moving a couch, he developed a sudden onset of neck, left arm and shoulder pain. Over the course of care, he had been treated with medications, physical therapy, cervical steroid injections, and a TENS unit. Past history included s/p anterior cervical fusion at C4-5 with plate and fusion at C5-6. According to a progress note from a pain management physician, dated January 26, 2015, the injured worker presented for follow-up of chronic cervical pain. Objective findings included some limitation in range of motion to the cervical spine, especially to the right on extension. There is some myofascial tenderness over the bilateral traps and tenderness over the cervical facets, particularly distal and bilateral. Ambulation is with a steady measured gait. Assessment is documented as chronic cervical spine pain. Diagnoses are documented as cervicgia and cervical facet arthropathy. Treatment plan included requests for continued Norco and discussion of medication use. According to utilization review dated February 6, 2015, the request for Norco 10/325mg #240 for January has been modified to Norco 10/325mg #180 for January, citing MTUS Chronic Pain Medical Treatment Guidelines. The request for Norco 10/325mg #240 for February has been modified to Norco 10/325mg # 144 for February, citing MTUS Chronic Pain Medical Treatment Guidelines.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 10/325mg #240 for January: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Weaning of Medications, Hydrocodone/Acetaminophen.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, On-Going Management, Pages 78-80, Opioids for Chronic Pain, Pages 80-82 Page(s): 78-82.

**Decision rationale:** The requested Norco 10/325mg #240 for January is not medically necessary. CA MTUS Chronic Pain Treatment Guidelines, Opioids, On-Going Management, Pages 78-80, Opioids for Chronic Pain, Pages 80-82, recommend continued use of this opiate for the treatment of moderate to severe pain, with documented objective evidence of derived functional benefit, as well as documented opiate surveillance measures. The injured worker has chronic cervical pain. Objective findings included some limitation in range of motion to the cervical spine, especially to the right on extension. There is some myofascial tenderness over the bilateral traps and tenderness over the cervical facets, particularly distal and bilateral. Ambulation is with a steady measured gait. The treating physician has not documented VAS pain quantification with and without medications, duration of treatment, objective evidence of derived functional benefit such as improvements in activities of daily living or reduced work restrictions or decreased reliance on medical intervention, nor measures of opiate surveillance including an executed narcotic pain contract or urine drug screening. The criteria noted above not having been met, Norco 10/325mg #240 for January is not medically necessary.

**Norco 10/325mg #240 for February: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Weaning of Medications, Hydrocodone/Acetaminophen.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, On-Going Management, Pages 78-80, Opioids for Chronic Pain, Pages 80-82 Page(s): 78-82.

**Decision rationale:** The requested Norco 10/325mg #240 for February is not medically necessary. CA MTUS Chronic Pain Treatment Guidelines, Opioids, On-Going Management, Pages 78-80, Opioids for Chronic Pain, Pages 80-82, recommend continued use of this opiate for the treatment of moderate to severe pain, with documented objective evidence of derived functional benefit, as well as documented opiate surveillance measures. The injured worker has chronic cervical pain. Objective findings included some limitation in range of motion to the cervical spine, especially to the right on extension. There is some myofascial tenderness over the bilateral traps and tenderness over the cervical facets, particularly distal and bilateral. Ambulation is with a steady measured gait. The treating physician has not documented VAS pain quantification with and without medications, duration of treatment, objective evidence of derived functional benefit such as improvements in activities of daily living or reduced work restrictions or decreased reliance on medical intervention, nor measures of opiate surveillance including an executed narcotic pain contract or urine drug screening. The criteria noted above not having been met, Norco 10/325mg #240 for February is not medically necessary.

