

<b>Case Number:</b>	CM15-0076282		
<b>Date Assigned:</b>	05/29/2015	<b>Date of Injury:</b>	02/11/2004
<b>Decision Date:</b>	06/29/2015	<b>UR Denial Date:</b>	04/01/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/21/2015

### 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 was a 55 year old female, who sustained an industrial injury, February 11, 2004. The injured worker previously received the following treatments lumbar spine surgery on March 24, 2012, lumbar spine CT scan, lumbar spine discogram, cervical spine MRI on February 12, 2015, physical therapy, and home exercise program, Norco, Xanax, Floricet and Flexeril. The injured worker was diagnosed with head pain, cervical pain with radiculitis, thoracic spine pain, lumbosacral pain, left shoulder pain, right wrist/hand pain HPN (herniated nucleus pulposus) of cervical C5-C6, cervical spine hyperextension/hyperflexion, bilateral shoulder impingement syndrome, bilateral hand pain, lumbar spine hyperextension /hyperflexion, lumbar disc protrusion at L5-S1 discopathy, lumbar spine radiculopathy, right ankle pain, depression, anxiety and trigger point in the rhomboid muscle. According to progress note of March 27, 2015, the injured workers chief complaint was neck and back pain. The injured worker had ongoing low back pain with bilateral lower extremity radiculopathy. The injured worker rated the pain at 8 out of 10. The bilateral knee pain was rated at 7 out of 10. The neck pain was rated at 8 out of 10. The head pain was rated at 7 out of 10. The physical exam noted an antalgic gait and the injured worker used a cane for ambulation. The examination of the cervical neck noted spasms of the paracervical muscle and trapezius muscle on the left. There was decreased range of motion in the cervical spine. There was pain with over the head reaching in the left shoulder blade. The examination of the lumbar spine noted positive compress and Spurling's maneuver on the left. There was decreased range of motion. There was the inability to heel and toe walk due to pain and leg weakness against resistance. The treatment plan included a prescription for Norco.

## IMR ISSUES, DECISIONS AND RATIONALES

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

### **1 prescription of Norco 10/325mg #120: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, specific drug list; Opioids, long-term assessment, Criteria for Use of Opioids, Long-term Users of Opioids (6-months or more); Opioids for chronic pain; Weaning of Medications.

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

**Decision rationale:** The requested 1 prescription of Norco 10/325mg #120, 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 neck and back pain. The injured worker had ongoing low back pain with bilateral lower extremity radiculopathy. The injured worker rated the pain at 8 out of 10. The bilateral knee pain was rated at 7 out of 10. The neck pain was rated at 8 out of 10. The head pain was rated at 7 out of 10. The physical exam noted an antalgic gait and the injured worker used a cane for ambulation. The examination of the cervical neck noted spasms of the paracervical muscle and trapezius muscle on the left. There was decreased range of motion in the cervical spine. There was pain with over the head reaching in the left shoulder blade. The examination of the lumbar spine noted positive compress and Spurling's maneuver on the left. There was decreased range of motion. There was the inability to heel and toe walk due to pain and leg weakness against resistance. 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, 1 prescription of Norco 10/325mg #120 is not medically necessary.