

<b>Case Number:</b>	CM15-0076304		
<b>Date Assigned:</b>	04/28/2015	<b>Date of Injury:</b>	12/10/2008
<b>Decision Date:</b>	05/26/2015	<b>UR Denial Date:</b>	04/08/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/22/2015

### 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: Preventive Medicine, Occupational 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 56 year old male, who sustained an industrial injury on 12/10/2008. He reported gradual onset of right arm pain and neck pain. Diagnoses include status post multilevel cervical fusion x 2 and removal of hardware 2012, status post selective nerve root blocks, foraminal stenosis, radiculopathy, and right carpal tunnel syndrome. Treatments to date include activity modification, medication therapy, physical therapy, and epidural steroid injections. Currently, he complained of ongoing neck, shoulder, right forearm, wrist and hand pain. Pain was rated 8/10 VAS with medication and 10/10 VAS without medication. On 2/11/15, the physical examination documented cervical tenderness with decreased range of motion. There was decreased sensation in C6-6 dermatome in the right upper extremity. The plan of care included continuation of medication therapy.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Opana ER 20 mg, sixty count:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 78 - 80, 91, 93, 124.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids  
Page(s): 78-80.

**Decision rationale:** MTUS Guidelines support the careful use of Opioid medications if there is meaningful pain relief, support of functioning and the lack of drug related aberrant behaviors. These standards are met with this individual. There is clear documentation of meaningful pain relief and functional improvements associated with use. No problematic behaviors are reported. Under these circumstances, the Opana ER 20g. #60 is supported by Guidelines and is medically necessary.

**Norco 10/325 mg, 120 count:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines  
Page(s): 78 - 80, 91, 93, 124.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids  
Page(s): 78-80.

**Decision rationale:** MTUS Guidelines support the careful use of Opioid medications if there is meaningful pain relief, support of functioning and the lack of drug related aberrant behaviors. Combined use of long and short acting opioids is also supported if necessary. These standards are met with this individual. There is clear documentation of meaningful pain relief and functional improvements associated with use. No problematic behaviors are reported. Under these circumstances, the Norco 10/325mg #120 is supported by Guidelines and is medically necessary.