

<b>Case Number:</b>	CM15-0078645		
<b>Date Assigned:</b>	04/29/2015	<b>Date of Injury:</b>	04/01/2005
<b>Decision Date:</b>	05/29/2015	<b>UR Denial Date:</b>	04/06/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/24/2015

### 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: Iowa, Illinois, Hawaii

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, Public Health & General Preventive 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 68-year-old female who sustained a cumulative industrial injury to her neck on 04/01/2005. The injured worker was diagnosed with chronic neck pain with bilateral upper extremity pain and multi-level cervical disc protrusions. Treatment to date includes diagnostic testing, physical therapy, injections, home cervical traction, acupuncture therapy and medications. According to the primary treating physician's progress report on March 24, 2015, the injured worker continues to experience neck pain radiating to the bilateral upper extremities. Examination demonstrated decreased sensation to light touch over the radial and ulnar aspects of the forearms and hands bilaterally. The injured worker rates her pain level at 9-10 without Norco and down to 6/10 with medication. Current medications are listed as Neurontin, Norco, Gabapentin, and Trazodone. Treatment plan consists of medications, cervical traction, Electromyography (EMG)/Nerve Conduction Velocity (NCV), continue with acupuncture therapy and the current request for retrospective (DOS: 03/24/15) Norco 10/325mg.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retrospective (DOS: 03/24/15) Norco 10/325mg: Overturned**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 79, 80, 81.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-96. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper Back (Acute and Chronic), Pain, Opioids.

**Decision rationale:** ODG does not recommend the use of opioids for neck pain "except for short use for severe cases, not to exceed 2 weeks." The patient has exceeded the 2 week recommended treatment length for opioid usage. MTUS does not discourage use of opioids past 2 weeks, but does state that "ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life." The treating physician does fully document the least reported pain over the period since last assessment, intensity of pain after taking opioid, pain relief, increased level of function, or improved quality of life. As such, the request for Retrospective (DOS: 03/24/15) Norco 10/325mg is medically necessary.