

<b>Case Number:</b>	CM15-0091807		
<b>Date Assigned:</b>	05/18/2015	<b>Date of Injury:</b>	04/16/2003
<b>Decision Date:</b>	06/24/2015	<b>UR Denial Date:</b>	04/16/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/12/2015

### 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, Hawaii

Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 (IW) is a 69 year old male who sustained an industrial injury on 04/16/2003. The original injury is not in the medical records received, but he is now diagnosed with Pseudoarthrosis C6-7; status post C6-C7 posterior spinal instrumentation and fusion 11/19/2014; chronic narcotic tolerance; new onset post-operative left cervical radiculopathy; balance disorder, closed head injury with chronic headaches; status post C3 through C6 anterior cervical discectomy and fusion, 11/18/2008, status post C6-C7 anterior cervical discectomy and fusion with cage and instrumentation, 12/12/2012, possible pseudo fusion. Treatment to date has included the above surgeries, and ongoing treatment with an orthopedic spine surgeon. Currently, the injured worker complains of neck pain that radiates down the bilateral upper extremities to the wrist rated a "10" on a visual pain scale rating pain on a scale of severity from 1-10 with 10 being the most severe pain. The IW complains of headaches and ringing in the ears. On examination, there is tenderness over the base of the neck, base of the skull, and over the trapezius musculature bilaterally. There is a positive Spurlings. There is tenderness over the interscapular space. There is no tenderness over the anterior cervical musculature. Motor power in both upper extremities is normal, sensory is intact to light touch and pinprick. X-rays dated 12/26/2014 showed anterior fusion of C3-5 with anterior interbody spacer with excellent alignment of the vertebral bodies; posterior fixation of spinous process of C5-6; anterior interbody fusion with two screws at C6-7 with good alignment; and a new right lateral mass fixation on the right with plate and screw at C6-7. The treatment plan is for a cervical spine CT scan with coronal & sagittal imaging. A request is also made for Norco 10/325mg #240 as he gets 20% pain relief with use of Norco.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 108/325mg, #240:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-96.

**Decision rationale:** The patient presents with pain affecting the neck with radiation down the bilateral upper extremities. The current request is for Norco 108/325mg, #240. The treating physician report dated 3/27/15 (55C) states, "As the patient has been taking approximately eight Norco's per day to maintain approximately 20% relief of pain which allows some sleep and personal care but he still has to deal mentally with a large volume of pain." The report goes on to state, "The patient continues to have neck pain which radiates down the bilateral upper extremities to the wrist, rated as a 10 on VAS." The report further notes that the patient is temporary totally disabled. MTUS pages 88 and 89 states "document pain and functional improvement and compare to baseline. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. Information from family members or other caregivers should be considered in determining the patient's response to treatment. Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS also requires documentation of the four A's (analgesia, ADL's, Adverse effects and Adverse behavior). The treating physician report dated 12/05/14 (26C) notes that the patient continued to rely on Norco but still had pain that was rated 10/10 on VAS. The medical reports provided, show the patient has been taking Norco since at least 12/05/14. The report dated 3/27/15 notes that the patient's pain has not decreased while on current medication, and is currently a 10/10. The continued use of Norco has not improved the patient's symptoms and have not allowed the patient to enjoy a greater quality of life. In this case, the patient's pain level has been monitored upon each visit and he has had a constant pain rating of 10/10 on VAS. Furthermore, functional improvement has not been documented and the physician consistently has to increase the dosage of Norco prescribed. The current request does not satisfy the MTUS guidelines as outlined on pages 74-96. Recommendation is for denial and slow weaning per the MTUS guidelines.