

<b>Case Number:</b>	CM15-0093573		
<b>Date Assigned:</b>	05/19/2015	<b>Date of Injury:</b>	01/02/1995
<b>Decision Date:</b>	06/23/2015	<b>UR Denial Date:</b>	05/07/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/14/2015

### 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: Physical Medicine & Rehabilitation, Pain Management

### 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 66 year old female, who sustained an industrial injury on 1/2/95. The injured worker was diagnosed as having chronic neck pain, muscle spasms of paracervical and trapezius muscles, intermittent burning pain in left shoulder, status post multiple cervical surgeries and depression. Treatment to date has included multiple cervical surgeries, physical therapy, oral medications including Norco, Cymbalta, Lorazepam and Zanaflex and topical medication including Ketoprofen gel. Currently, the injured worker complains of neck pain rated 9/10, described as aching, deep, pressure, radiating, sharp, shifting, tingling, numbness, tightness and shoots down the shoulder to arms. She is also experiencing back stiffness, numbness and tingling, weakness pain right and left arm, stiffness and pain and stiffness. Urine drug screen performed on 11/14/14 was within normal limits for medications prescribed. The injured worker noted about 50% reduction in pain with medications prescribed. Physical exam noted pain to palpation over the C2-3, C3-4 and C5-6 facet capsules and bilateral pain with range of motion. The treatment plan included refilling medications for one month and surgical evaluation with a spinal surgeon.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 10/325mg #240:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids for chronic pain.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 9792.26 MTUS (Effective July 18, 2009) Page(s): 44, 47, 75-79, 120 of 127.

**Decision rationale:** Regarding the request for Norco 10/325mg #240, California Pain Medical Treatment Guidelines note that it is an opiate pain medication. Due to high abuse potential, close follow-up is recommended with documentation of analgesic effect, objective functional improvement, side effects, and discussion regarding any aberrant use. Guidelines go on to recommend discontinuing opioids if there is no documentation of improved function and pain. Within the documentation available for review, there is indication that the medication is improving the patient's pain with no intolerable side effects or aberrant use, and the patient is noted to undergo regular monitoring. It is acknowledged, that there should be better documentation indicating how each individual medication is improving the patient's pain and function. However, a one month supply of medication should allow the requesting physician time to better document these things. As such, the currently requested Norco 10/325mg #240 is medically necessary.