

<b>Case Number:</b>	CM13-0020262		
<b>Date Assigned:</b>	10/11/2013	<b>Date of Injury:</b>	11/07/2011
<b>Decision Date:</b>	02/24/2014	<b>UR Denial Date:</b>	08/28/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/04/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Family Medicine, has a subspecialty in Pain Medicine and is licensed to practice in California. 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 physician 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 33 year old female claimant sustained a work related injury in November 2011 that resulted in right arm, low back, neck and shoulder pain. Her diagnosis included shoulder impingement, radiculopathy, right epicondylitis and wrist carpal tunnel syndrome. Her treatments have included physical therapy, acupuncture, TENS units, hot packs, and pain medications. The documentation indicates the claimant has been on Norco since at least March 26, 2013 for management of sharp back pain and leg pain. The pain was persistent over several visits, and the Norco was continued in similar quantities in June 14, 2013.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 10/325 #60:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 82-92.

**Decision rationale:** Norco is a short acting opioid used for breakthrough pain. According to the MTUS guidelines it is not indicated at 1st line therapy for neuropathic pain, and chronic back pain. It is not indicated for mechanical or compressive etiologies. It is recommended for a trial

basis for short-term use. Long- term use has not been supported by any trials. In this case, the claimant has been on Norco for a several months with no improvement in pain or documentation of pain scale. In addition, the documentation regarding the use of Norco, its titration and response, along with other treatment modalities is not substantiated. The use of Norco 10/325 # 60 is not medically necessary.