

<b>Case Number:</b>	CM13-0035845		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	08/26/2011
<b>Decision Date:</b>	02/11/2014	<b>UR Denial Date:</b>	10/04/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/18/2013

### 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 Practice, has a subspecialty in Pain Management 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:

Male claimant sustained a work injury on 8/26/11 that resulted in right shoulder pain, right elbow pain, and left hip pain. In May 2013, he had a right shoulder rotator cuff repair and arthroscopic decompression. His pain was managed by oral analgesics including Norco. An exam note on 6/21/13 indicated findings consistent with cervical radiculopathy, lumbar strain, hip hematoma and right biceps tendonitis. His Norco was weaned down from 7.5/325 mg to 5mg/325 TID #90 tabs.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Hydrocodone/APAP 7.5/325mg #90:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Hydrocodone/Acetaminophen.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-92.

**Decision rationale:** Norco (hydrocodone/acetaminophen) is a short acting opioid used for breakthrough pain. According to the MTUS guidelines they are not indicated as 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 bases for short-term use. Long Term-use has not been

supported by any trials. In this case, the claimant has been on Norco with plan for weaning from a higher does (7.5mg to 5 mg) There is no indication for request of 7.5 mg, its indication or length of treatment. As a result the 7.5mg of hydrocodone is not medically necessary.