

<b>Case Number:</b>	CM13-0049948		
<b>Date Assigned:</b>	04/23/2014	<b>Date of Injury:</b>	03/10/2011
<b>Decision Date:</b>	09/30/2014	<b>UR Denial Date:</b>	10/03/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/22/2013

### 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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation, 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 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/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:

This is a male patient with a date of injury of March 10, 2011. A utilization review determination dated October 3, 2013 recommends non-certification of Norco 10/325 mg one by mouth every eight hours as needed for breakthrough pain #90 with modification of the request to Norco 10/325 mg one by mouth every eight hours as needed for breakthrough pain #90 for weaning purposes. A progress note dated September 3, 2013 identifies subjective complaints of 3 of 10 pain in the back, neck, and shoulders. The pain is described as sharp as a key with difficulty grasping due to feeling of weakness of bilateral upper extremities. The pain is better with mild exercise, but excessive and repetitive activity of the upper extremities flares up the patient symptoms significantly. Medications help partially but not greatly. Physical examination identifies diffuse tenderness of the neck and shoulders, limited range of motion of the shoulders left worse than right, and slight kyphosis of the cervical spine. Diagnoses include thoracic strain/sprain, thoracic radiculopathy, costovertebral osteoarthritis, cervical mechanical pain, shoulder sprain/strain, shoulder capsulitis, chronic pain, and low back pain. The treatment plan recommends continuation of atenolol 100 mg daily, continuation of HCTZ/maxide 37.5 mg daily, refill of cyclobenzaprine 7.5 mg #90, continuation of gabapentin 100 mg, continuation of Lunesta 3 mg, continuation of Mobic 15 mg, refill of Norco 10/325 1 every 8 hours as needed for breakthrough pain #90, refill of Opana ER 10 mg #16, continuation of Savella 12.5 mg, and continuation of Senokot. A urine drug screen performed on June 27, 2013 was consistent with use of Norco, Opana, and Valium.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Prescription of Norco 10/325mg 1 by mouth every 8 hours as needed for breakthrough pain, #90:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 77.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 76-79, 120 of 127.

**Decision rationale:** Regarding the request for Norco 10/325mg 1 by mouth every 8 hours as needed for breakthrough pain #90, California Pain Medical Treatment Guidelines state that Norco 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 no indication that the Norco is improving the patient's function or pain (in terms of percent reduction in pain or reduced NRS), no documentation regarding side effects, and no discussion regarding aberrant use. In the absence of such documentation, the currently requested Norco 10/325mg 1 by mouth every 8 hours as needed for breakthrough pain #90 is not medically necessary.