

<b>Case Number:</b>	CM13-0068781		
<b>Date Assigned:</b>	01/03/2014	<b>Date of Injury:</b>	12/30/2009
<b>Decision Date:</b>	04/21/2014	<b>UR Denial Date:</b>	12/16/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/20/2013

### 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 Family Practice, 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:

Male claimant sustained a work related injury on 12/30/09 resulting in neck, and shoulder pain with radiation to the left arms and hands. He had a diagnosis of cervical radiculopathy and underwent a 2 level fusion. He has been taking Norco for several years to manage his pain along with Flexeril and Neurontin. In 11/6/12 his pain was a 9/10 with limited range of motion of the neck. A more recent exam report on 12/4/13 indicated he was still taking Norco along with Ibuprofen and, Flexeril and Neurontin depending on the severity of the neck pain. The objective findings including range of motion of the c-spine had not changed significantly.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 10/325mg #120:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Norco.

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

**Decision rationale:** Norco is a short acting opioid used for breakthrough pain. According to the MTUS guidelines are 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 years with no improvement in pain or functionality. He has also combined it with Flexeril for several years increasing risk of abuse potential and tolerance. As such, The request for Norco 10/325mg #120 is not medically necessary and appropriate.