

<b>Case Number:</b>	CM13-0069464		
<b>Date Assigned:</b>	01/03/2014	<b>Date of Injury:</b>	02/04/2012
<b>Decision Date:</b>	04/21/2014	<b>UR Denial Date:</b>	12/16/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/23/2013

### 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:

The patient is a 64 year old male claimant who sustained a work injury on 2/4/12 resulting in shoulder, arm and back pain. He had a diagnosis of lumbar radiculopathy and left shoulder impingement. An exam on 7/3/13 showed positive impingement maneuver on the left shoulder, limited range of motion, and paralumbar spasms. He was prescribed Norco 10/325mg # 90. An exam on 10/2/13 indicated paralumbar tenderness, muscle spasms, and limited range of motion of the left shoulder. He was prescribed Norco 10/325mg #60 for breakthrough pain. An examination on 11/20/13 was similar to the prior findings and an additional 90 tablets of Norco were prescribed.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **90 TABLETS OF NORCO 10/325MG: Upheld**

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

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

**Decision rationale:** Norco is a short acting opioid used for breakthrough pain. According to the MTUS Chronic Pain Guidelines, opioids 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 a several months with no noted improvement in physical findings within the medical records provided for review. The continued use of Norco # 90 is therefore not medically necessary and appropriate.