

<b>Case Number:</b>	CM14-0004462		
<b>Date Assigned:</b>	02/05/2014	<b>Date of Injury:</b>	12/13/2007
<b>Decision Date:</b>	06/20/2014	<b>UR Denial Date:</b>	12/30/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/13/2014

### 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, 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 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:

53-year-old female claimant sustained a work injury on 12/13/07 involving the right shoulder. She underwent right shoulder surgery and had post-operative physical therapy. She had developed depression along with an adjustment disorder and depression in connection with her injury. She had been on Norco 10/325 mg four times a day since at least March 2013. A progress note on 12/2/13 discussed her level of energy and depression. Norco was continued at the same dose with 4 months refill.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**NORCO 10/325MG #120 WITH FOUR (4) REFILLS:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS GUIDELINES, CRITERIA FOR USE OF OPIOIDS.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, OPIOIDS, 82-92 Page(s): 82-92. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, OPIOIDS, 82-92

**Decision rationale:** Norco is a short acting opioid used for breakthrough pain. According to the MTUS guidelines, opioids are not indicated at first 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 over a year with no documentation of pain scale or indication for use. There is also no opioid agreement in place. The continued use of Norco is not medically necessary.