

<b>Case Number:</b>	CM14-0104881		
<b>Date Assigned:</b>	09/16/2014	<b>Date of Injury:</b>	04/03/1998
<b>Decision Date:</b>	10/21/2014	<b>UR Denial Date:</b>	07/03/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/08/2014

### 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 Physical Medicine and Rehabilitation 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 records, presented for review, indicate that this 50-year-old female was reportedly injured on April 3, 1998. The mechanism of injury was noted as a fall in a handicapped stall. The most recent progress note, dated August 12, 2014, indicated that there were ongoing complaints of neck pain, headaches, and right upper extremity pain. Current medications include Norco, Lidoderm patches, Lyrica, Zoloft, Ambien, amitriptyline, and Voltaren gel. The physical examination demonstrated right grip strength weakness. There was tenderness over the cervical spine paraspinal muscles as well as spasms over the trapezius. A twitch response was noted over the right trapezius near the levator scapulae. Diagnostic imaging studies of the lumbar spine revealed multilevel disc protrusions at L3-L4, L4-L5, and L5-S1. Previous treatment included lumbar spine epidural steroid injections, a left-sided ulnar nerve release, a right-sided carpal tunnel release, a right-sided ulnar nerve release, and oral medications. A request had been made for Norco 10/325 and was not certified in the pre-authorization process on July 3, 2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retrospective Norco 10/325 mg:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines opioids Page(s): 75, 78-80.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-78, 88, 91.

**Decision rationale:** Norco (hydrocodone/acetaminophen) is a short acting opiate indicated for the management in controlling moderate to severe pain. This medication is often used for intermittent or breakthrough pain. The California MTUS guidelines support short-acting opiates at the lowest possible dose that establishes improvement (decrease) in the pain complaints and increased functionality, as well as the ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. The injured employee has chronic pain after a work-related injury; however, there is no objective clinical documentation of improvement in the pain or function with the current regimen. As such, this request for Norco is not medically necessary.