

<b>Case Number:</b>	CM14-0116086		
<b>Date Assigned:</b>	08/04/2014	<b>Date of Injury:</b>	04/16/2013
<b>Decision Date:</b>	09/10/2014	<b>UR Denial Date:</b>	07/09/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/22/2014

### 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 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 indicate the injured worker is a 55 year old male injured on 04/16/14 due to heavy boxes from a forklift falling on him, experiencing immediate pain to left wrist/hand/fingers, left elbow, left shoulder blade, upper back and neck. The most recent progress note dated 07/24/14, reveals the injured worker continues with constant neck pain which interferes with activities of daily living; left shoulder pain, which radiates to left fingers; left elbow pain with reduced mobility; left wrist/hand/finger pain with numbness. The injured worker was referred to a pain management specialist on 04/28/14 by the primary treating physician. The injured worker underwent a cervical epidural injection on 05/30/14, and pain level decreased to 4/10 on the visual analog scale. Current medications include Soma 350mg and Norco 5mg. Norco 5/325mg #60 was denied in the prior utilization review dated 07/09/14.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 5/325mg #60:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids  
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**Decision rationale:** Norco (Hydrocodone + Acetaminophen) is indicated for moderate to severe pain. It is classified as a short-acting opioid, often combined with other analgesics such as acetaminophen and aspirin. Guidelines indicate "four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids; pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non-adherent) drug-related behaviors. These domains have been summarized as the "4 A's" (analgesia, activities of daily living, adverse side effects, and aberrant drug-taking behaviors)." The medical records do not establish failure of non-opioid analgesics, such as non-steroidal anti-inflammatory medications (NSAIDs) or acetaminophen. In addition there is no mention of ongoing attempts with non-pharmacologic means of pain management. There is no documentation of any significant improvement of pain or function with prior use. There is no documentation of a urine drug screen to monitor the compliance with this medication. The medical documents do not support continuation of opioid pain management. Therefore, the medical necessity for hydrocodone has not been established.