MAXIMUS Federal Services

| Case Number: | CM14-0120626 | | |
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| Date Assigned: | 08/06/2014 | Date of Injury: | 09/05/2004 |
| Decision Date: | 09/11/2014 | UR Denial Date: | 07/11/2014 |
| Priority: | Standard | Application Received: | 07/31/2014 |

## 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 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:

A 58 yr. old male claimant sustained a work injury on 9/5/04 involving the neck, low back and upper extremities. He had an MRI of the lumbar spine indicating disc protrusion without neurological deficits. He was diagnosed with bilateral cubital tunnel syndrome and ulnar compression of the elbows. He underwent bilateral ulnar nerve transposition. He had been on hydrocodone and nonsteroidal anti-inflammatories for several years. A progress note on April 4, 2014 indicated the claimant had persistent back 6/10 pain. Physical findings were notable for reduced upper extremity strength, sacroiliac tenderness on the right, Piriformis tenderness on the right side, diffuse tenderness in the paralumbar muscles and reduced range of motion. He was continued on Norco 10 mg four times a day and Gabapentin twice a day at a time. A more recent progress note on August 1, 2014 indicated similar pain level and exam findings. He was continued on the same analgesics.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 10/325 Qty 120:** Upheld

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

**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 it is 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 had been on Norco or other forms of hydrocodone for several years without significant improvement in pain or function. The continued use of Norco is not medically necessary.