

<b>Case Number:</b>	CM14-0183620		
<b>Date Assigned:</b>	11/10/2014	<b>Date of Injury:</b>	08/11/1998
<b>Decision Date:</b>	12/12/2014	<b>UR Denial Date:</b>	10/10/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/04/2014

### 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:

63 year. old female claimant sustained a work injury on August 11, 1998 involving the neck. She was diagnosed with cervical radiculopathy and chronic right shoulder pain with diffuse polyarthralgia. A progress note on October 1, 2014 indicated the claimant had persistent neck pain. Exam findings were notable for wearing a neck brace and decreased range of motion of the cervical spine. There was painful range of motion of the right shoulder. The treating physician resumed Celebrex and Norco daily for pain relief. She had previously been on Lortabs the prior month and NSAIDs previously. Should also use the tens unit for several years without adequate pain relief. Topical Lidoderm was started for left hip pain.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 7.5/325mg 1 PO QD PRN #30.:** Upheld

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

**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 as 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 opioids and NSAIDs in prior months. There was no indication of Tylenol failure. There is no indication that opioids are superior to NSAIDs for back pain. Pain scale score were not documented. The use of Norco is not medically necessary.