

<b>Case Number:</b>	CM14-0034734		
<b>Date Assigned:</b>	06/20/2014	<b>Date of Injury:</b>	10/07/2011
<b>Decision Date:</b>	08/07/2014	<b>UR Denial Date:</b>	03/06/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/20/2014

### 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:

The claimant is a 60-year-old who sustained a repetitive work injury from October 7, 2011 to January 19, 2012 involving the left wrist, back, knee and neck. Her diagnoses included herniated disk of the lumbar spine, cervical strain, knee strain, wrist contusion, and knee contusion. She has been seeing a pain specialist for pain management. A report on January 10, 2014 noted that the claimant had a supraspinatus tear on ultrasound and left sacroiliac arthropathy. Exam findings were notable for limited range of motion of the shoulders and pain on palpation. The pain specialist initiated Norco and Fluriflex for pain and discontinued her Tramadol. She had been on Tramadol for over a year and was previously on Ultracet in 2013. She received an epidural injection of the spin in March 2014. An office visit on March 27, 2014 indicated she had persistent pain ranging from 3 to 7/10 in the injured regions. Chiropractic referral was made as well as pain management. A urine drug screen on March 14, 2014 only indicated Tylenol not hydrocodone in the results.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 5/325mg, sixty count:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids  
Page(s): 74-92.

**Decision rationale:** Norco is a short acting opioid used for breakthrough pain. According to the Chronic Pain Medical Treatment Guidelines are 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 bases for short-term use. Long Term-use has not been supported by any trials. In this case, the claimant has been on opioids including Tramadol and Ultracet for a year with no improvement in pain scale . In addition, the urine drug screen is not consistent with Norco use. The request for Norco 5/325 mg, sixty count, is not medically necessary or appropriate.