

<b>Case Number:</b>	CM14-0068640		
<b>Date Assigned:</b>	07/14/2014	<b>Date of Injury:</b>	05/01/2006
<b>Decision Date:</b>	08/28/2014	<b>UR Denial Date:</b>	05/08/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/13/2014

### 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 Nevada. 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 injured worker is a 54-year-old female who was reportedly injured on May 1, 2006. The mechanism of injury was noted as cumulative trauma. The most recent progress note dated May 27, 2014, indicated that there were ongoing complaints of neck pain radiating to the upper extremities, low back pain, and knee pain. Current medications include Anaprox, Prilosec, Ambien and Lyrica. The physical examination demonstrated weakness and decreased range of motion. There were a positive Tinel's test and Phalen's test. There was a request for Vicodin and the urine toxicology screening. Diagnostic imaging studies were not reviewed during this visit. Previous treatment was not discussed. A request was made for Norco and was not certified in the pre-authorization process on May 8, 2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 10/325 mg #120:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Page(s): 115, Chronic Pain Treatment Guidelines Criteria for the use of opioids Page(s): 78,80-82.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20 - 9792.26 (Effective July 18, 2009) Page(s): 74-78 of 127.

**Decision rationale:** Norco (hydrocodone/acetaminophen) is a short-acting opioid combined with acetaminophen. Chronic Pain Medical Treatment Guidelines supports short-acting opiates for the short-term management of moderate to severe breakthrough pain. Management of opiate medications should include the lowest possible dose to improve pain and function, 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; however, there was no clinical documentation of improvement in the pain or function with the current regimen. As such, this request for Norco is not medically necessary.