

<b>Case Number:</b>	CM14-0108625		
<b>Date Assigned:</b>	09/15/2014	<b>Date of Injury:</b>	05/15/2011
<b>Decision Date:</b>	02/28/2015	<b>UR Denial Date:</b>	07/02/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/14/2014

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:  
 State(s) of Licensure: Arizona, California  
 Certification(s)/Specialty: Family Practice

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a 59 yr. old male claimant sustained a work injury on May 15, 2011 involving the knees, neck and back. He was diagnosed with cervical strain, trapezius strain, thoracic strain and lumbar disc disease. He had undergone a laminectomy and discectomy in August 2012. He had been on Norco and Tramadol since at least November 2013. A progress note on June 16, 2014 indicated claimant had neck pain and headaches. He received occipital nerve blocks but they did not provided relief. Exam findings were noted for reduced range of motion of the neck and back. The claimant remained on Norco and Tramadol.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Hydrocodone/ APAP 10/325mg 30 days supply qty 240 MED 80:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 80.

**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 on Norco for several months in combination with another opioid (Tramadol). There were no pain score comparisons. There was no indication of Tylenol or NSAID failure. The continued use of Norco is not medically necessary.