

<b>Case Number:</b>	CM15-0103723		
<b>Date Assigned:</b>	06/08/2015	<b>Date of Injury:</b>	10/07/2003
<b>Decision Date:</b>	07/13/2015	<b>UR Denial Date:</b>	05/07/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/29/2015

### 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, Texas  
Certification(s)/Specialty: Internal Medicine

### 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 46 year old female who sustained an industrial injury on 10/07/2003. Previous treatments and diagnostic testing was not submitted or discussed. There were no noted previous injuries or dates of injury, and no noted comorbidities. On 04/16/2015, the injured worker presented for medication refills on this date. Current medications include Fexmid, Nalfon, Paxil, Prilosec, Ultram ER, Norco and topical cyclobenzaprine/tramadol. After reviewing the clinical notes submitted, it was determined that the injured worker has been prescribed Norco since at least 12/2014. A previous physician progress report (03/11/2015) noted complaints of cervical spine pain with radiation into the right arm with numbness and tingling. Pain rating was not provided during any of the exams submitted. Additional complaints include right shoulder pain that radiates into the right shoulder blade. The injured worker reported that current medications help in relieving some of the pain. The physical exam of the cervical spine, right upper extremity and right shoulder revealed tenderness to palpation of the cervical paraspinal musculature, decreased range of motion (ROM) in the cervical spine secondary to pain and stiffness, positive Spurling's test on the right, tenderness to palpation over the acromioclavicular joint in the right shoulder, positive Neer's, Hawkin's and O'Brian's tests, and decreased sensation to light touch and pinprick in the right C6 dermatomal distribution. The provider noted diagnoses of cervical discopathy with disc displacement, cervical radiculopathy, and right shoulder impingement syndrome. Plan of care includes continuation of current medications (including Fexmid, Nalfon, Paxil, Prilosec, Ultram ER and Norco), home exercise

program, urine toxicology testing. The injured worker's work status totally temporarily disabled. Requested treatments include Norco.

### **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 Chronic Pain Treatment Guidelines opioids. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), pain chapter, opioids.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20-.26 Page(s): 74-96.

**Decision rationale:** Norco 10/325mg is a combination medication including hydrocodone and acetamenophen. It is a short-acting, pure opioid agonist used for intermittent or breakthrough pain. According to the MTUS section of chronic pain regarding short-acting opioids, they should be used to improve pain and functioning. There are no trials of long-term use in patients with neuropathic pain and the long term efficacy when used for chronic back pain is unclear. Adverse effects of opioids include drug dependence. Management of patients using opioids for chronic pain control includes ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. The indication for continuing these medications include if the patient has returned to work or if the patient has improved functioning and pain. In this case the documentation doesn't support that the patient has had meaningful functional improvement while taking this medication. The use of Norco is not medically necessary.