

<b>Case Number:</b>	CM15-0105628		
<b>Date Assigned:</b>	06/10/2015	<b>Date of Injury:</b>	04/12/2012
<b>Decision Date:</b>	07/10/2015	<b>UR Denial Date:</b>	05/22/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/01/2015

### 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, 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:

The injured worker is a 73 year old female, who sustained an industrial injury on 4/12/12. She has reported initial complaints of neck, left shoulder, elbow, left side and abdominal pain/injury. The diagnoses have included bilateral upper extremity cervical radiculopathy, left total shoulder replacement 4/2013, status post anterior cervical decompression and fusion 3/2014 with residual pain, chronic neck pain, insomnia secondary to pain, anxiety and depression secondary to pain and neuropathic pain in the bilateral upper extremities. Treatment to date has included medications, activity modifications, diagnostics, consultation, surgery, physical therapy, other modalities and home exercise program (HEP). Currently, as per the physician progress note dated 4/29/15, the injured worker complains of neck pain that radiates to the right upper extremity, left shoulder pain, and pain that radiates to the left lower extremity (LLE) down to the toes. The neck pain remains unchanged but the shoulder pain has decreased. She also reports anxiety, depression, stress and insomnia. She reports 60-70 percent relief and increased activities of daily living (ADL) with medications. The physical exam reveals cervical range of motion is decreased by 50 percent, and Spurling's test is positive on the right. The left shoulder exam reveals decreased range of motion by 35 percent and positive impingement test. The motor exam in the upper extremities reveals 4/5 in the deltoids muscle group. The current medications included Norco, Tramadol, Lyrica and Cymbalta. The urine drug screen lab report dated 11/18/14 was consistent with the medications prescribed and the drug report dated 12/10/14 and 1/21/15 was inconsistent with the medications prescribed. The physician requested treatment included Norco 10/325 mg quantity of 90.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 10/325 mg Qty 90:** Upheld

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

**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 over 6 months and recently in combination with Tramadol and Lyrica. Although, the claimant had 60-70% improvement with the medications, the claimant did not previously require Tramadol indicating decreasing effectiveness of Norco. In addition, there were inconsistencies with the medications. Continued use of Norco is not medically necessary.