

<b>Case Number:</b>	CM15-0132486		
<b>Date Assigned:</b>	07/20/2015	<b>Date of Injury:</b>	09/04/2012
<b>Decision Date:</b>	08/14/2015	<b>UR Denial Date:</b>	06/15/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/09/2015

### 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 49 year old female with an industrial injury dated 09/04/2012. The injured worker's diagnoses include cervical spine sprain/strain with right sided radiculitis, cervical spine multilevel facet and disc degeneration, left wrist superficial radial neuritis associated tenosynovitis, lumbar spine disc bulge, left S1 radiculopathy, left hip degenerative changes with probable degeneration of the labrum posteriorly and superiorly and left hip trochanteric bursitis. Treatment consisted of Magnetic Resonance Imaging (MRI) of the lumbar spine/ left hip/ cervical spine, X-ray of the bilateral wrists and pelvis/cervical spine, prescribed medications, and periodic follow up visits. In a progress note dated 06/04/2015, the injured worker reported cervical pain, left wrist and hand pain, lumbar pain and left hip pain. Objective findings revealed antalgic gait favoring the left lower extremity, point tenderness to palpitation about the midline base of occiput and midline cervical spine, tenderness to palpitation over the dorsal radial left wrist and tenderness to palpitation over the midline lumbosacral L5-S1 region and the left buttock. The treating physician prescribed Norco 10/325mg #150 now under review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 10/325mg #150:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 75, 78, 124.

**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 intermittently in combination with Oxycodone without mention of significant improvement in function. Pain scores or failure of other medications was not noted. Continued use of Norco is not medically necessary.