

<b>Case Number:</b>	CM15-0135058		
<b>Date Assigned:</b>	07/23/2015	<b>Date of Injury:</b>	04/29/1998
<b>Decision Date:</b>	08/19/2015	<b>UR Denial Date:</b>	06/30/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/13/2015

### 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 62 year old female, who sustained an industrial injury on 4/29/98. She has reported initial complaints of neck and back pain. The diagnoses have included cervical disc displacement and status post anterior cervical decompression and fusion with posterior cervical fusion. Treatment to date has included medications, activity modifications, surgery and other modalities. Currently, as per the physician progress note dated 6/15/15, the injured worker complains of severe pain in the neck. It is noted that she needs her medications and is very symptomatic, especially on the right side of her neck. The physical exam reveals cervical spine surgical incisions are well healed. There is no tenderness and sensation is intact to light touch. There were no diagnostic studies noted. The current medications included Zanaflex and Norco. There is no previous urine drug screen noted. The physician noted that the injured worker is very symptomatic in the neck and has pain daily. Work status is permanent and stationary. The physician requested treatment included Norco 10/325mg quantity 90.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 10/325mg quantity 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 several months without documentation of pain score trends. There was no mention of Tylenol, NSAID, Tricyclic or weaning failure. The continued use of Norco is not medically necessary.