

<b>Case Number:</b>	CM15-0165579		
<b>Date Assigned:</b>	09/03/2015	<b>Date of Injury:</b>	03/06/2013
<b>Decision Date:</b>	10/06/2015	<b>UR Denial Date:</b>	07/25/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/24/2015

### 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 52 year old male who sustained an industrial injury on 3-6-13. Progress report dated 7-2-15 reports continued complaints of hip, shoulder, wrist, elbow, forearm, low back, neck, and upper back pain. Bilateral hip pain, left worse than right gives difficulty sitting or climbing stairs. Bilateral shoulder pain, left greater than right, increased reaching above shoulder level, bilateral wrist pain, numbness and tingling in hands increases with repetitive work, bilateral elbow and forearm pain is associated with occasional tingling sensation in the elbow to the fingers. Low back pain, left more than the right side, radiates to the buttock into the right and calf area. Neck pain, left greater than right side radiates to the scapular and upper arms. Upper back pain is mostly on the left side. Diagnoses include: bilateral hip strain, lumbar radiculopathy left greater than right, cervical strain with left sided radiculitis and radiculopathy, bilateral wrist tendinitis with bilateral carpal tunnel syndrome, bilateral elbow tendinitis, bilateral shoulder impingement and stain, thoracic strain, left knee pain and left thigh pain. Plan of care includes: request orthopedic consultation, request MRI cervical, request neurosurgeon consult, request bilateral upper extremity EMG NCV study, request left knee brace, request Norco 5-325 mg, Flexeril, Naproxen, Omeprazole, Menthoderm topical cream. Work status: temporarily totally disabled through the next 6 weeks. Follow up in 6 weeks.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 5/325mg #60:** Upheld

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

**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 a year without consistent documentation of pain scores. Pain relief attributed to Norco vs. Naproxen was unknown. There was no mention of Tylenol, Tricyclic or weaning failure. The continued use of Norco is not medically necessary.