

<b>Case Number:</b>	CM15-0199879		
<b>Date Assigned:</b>	10/15/2015	<b>Date of Injury:</b>	12/08/2011
<b>Decision Date:</b>	11/23/2015	<b>UR Denial Date:</b>	09/28/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/12/2015

### 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 45 year old female with an industrial injury date of 10-08-2011. Medical record review indicates she is being treated for discogenic cervical condition, upper thoracic sprain, and impingement syndrome of bilateral shoulders, epicondylitis, and ulnar neuritis of the elbow on the left more than the right and median nerve neuritis bilaterally. The injured worker presented on 09-21-2015 with left shoulder complaints. The treating physician indicated the injured worker was officially approved for surgical intervention. The treating physician also noted the injured worker was "very depressed" but was doing better with Wellbutrin. Documentation also noted the injured worker was avoiding chores, not driving and not lifting more than a few pounds. A numeric pain rating with and without medications is not indicated in the medical records reviewed. Current medications (09-21-2015) included Naproxen, Wellbutrin, Protonix, Zofran, Flexeril and Lidoderm patches. Medical record review does not indicate the prior use of Norco. Prior medications included Neurontin ("allergic") and Tramadol. Prior treatment included family therapy, facet injection (cervical), injection to subacromial space, shoulder surgery, TENS unit, elbow pad, hot and cold wrap and medication. Physical exam (09-21-2015) noted tenderness along the shoulders, biceps and rotator cuff was noted bilaterally. Tenderness along the facet joints (neck) was noted. On 09-28-2015 the request for Norco # 90 was non-certified by utilization review.

## **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Norco #90:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids for chronic pain, Opioids for neuropathic pain.

**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 NSAIDS without mention of pain scores. There was no mention of Tricyclic or Tylenol failure. The addition of Norco was not justified and is not medically necessary.