

<b>Case Number:</b>	CM15-0024729		
<b>Date Assigned:</b>	02/17/2015	<b>Date of Injury:</b>	06/30/2009
<b>Decision Date:</b>	03/30/2015	<b>UR Denial Date:</b>	01/22/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/09/2015

### 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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

### 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 36 year old female who sustained an industrial related injury on 6/30/09 due to repetitive work activities. The injured worker had complaints of neck pain with radiation to bilateral shoulders and hands. Bilateral wrist pain with swelling and complaints of dropping things was also noted. Physical examination findings included cervical spine tenderness to palpation with muscle guarding and spasm. Adson's test was positive on the right. Sensation was decreased along the C5-8 dermatomes. Diagnoses included cervical/trapezial musculoligamentous sprain/strain with right upper extremity radiculitis, one millimeter disc protrusion at C4-5 indenting the thecal sac, and one-millimeter disc bulge at C5-6. Treatment included acupuncture. The treating physician requested authorization for Norco 7.5/325mg #60. On 1/22/15 the request was modified. The utilization review physician cited the Medical Treatment Utilization Schedule guidelines and noted the request was modified to a quantity of 16 for weaning purposes. The medical records indicated the injured worker had been taking opioids on a long term basis without evidence of functional improvement compared to baseline measurements. The medical records also indicated weaning of Norco was recommended in July 2014 due to excessive daytime sleepiness.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 7.5/325mg #60:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines (1) Opioids, criteria for use, p76-82 (2) Opioids, dosing, p86 Page(s): 76-82, 88.

**Decision rationale:** Although there is reference to daytime sleepiness, the reason for this is unknown. In terms of side effects related to opioid use, opioid tolerance develops with repeated use and therefore Norco is not likely to be the cause of this symptom. However there is also reference to discontinuing Norco due to concerns over liver enlargement. Norco (hydrocodone/acetaminophen) is a short acting combination opioid often used for intermittent or breakthrough pain. In this case, it is being prescribed as part of the claimant's ongoing management. Although there are no identified issues of abuse, addiction, or poor pain control, the claimant may be experiencing adverse effects from this medication which is therefore continued prescribing is not medically necessary.