

<b>Case Number:</b>	CM15-0030992		
<b>Date Assigned:</b>	02/24/2015	<b>Date of Injury:</b>	09/16/2011
<b>Decision Date:</b>	04/02/2015	<b>UR Denial Date:</b>	02/05/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/19/2015

### 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 40 year old male, who sustained a work/ industrial injury on 9/16/11 due to a head-on collision motor vehicle accident. He has reported symptoms of chronic pain throughout his body with focus on the right upper extremity due to radial styloid fracture and right 5th metacarpal fracture and left sided low back pain. Prior medical history was not included in the documentation. The diagnoses have included chronic pain syndrome, right upper extremity; post traumatic stress disorder; myofascial pain; healed fracture right radial styloid and right 5th metacarpal; depression; anxiety; psychosocial issues. Treatments to date included conservative treatments, medication, psychotherapy, physical therapy, and hand therapy with ganglion blocks. Diagnostics included Magnetic Resonance Imaging (MRI) of right shoulder reported os acromiale, a finding with external subacromial impingement with no signs of rotator cuff tear. Medications included Lyrica, Amitriptyline, Oxycodone, Vicodin, and Naprosyn. A progress note on 1/26/15 indicated the claimant had 7/10 pain while on Norco, Lyrica and Amytryptliine. The treating physician's report indicated right shoulder and arm pain, right upper and lower back pain, headaches, and depression. The right shoulder is restricted and guarded with range of motion, diffuse soft tissue tenderness about the shoulder and right trapezius, right hand sweating. Circulation, sensation, and strength are grossly intact in the upper extremities. On 2/5/15, Utilization Review modified (1) Prescription of Norco 10/325mg, #90 to (1) Prescription of Norco 10/325mg #72 (between 1/14/15 and 4/5/15), noting the California Medical treatment Utilization Schedule (MTUS), Chronic Pain Medical Treatment Guidelines.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Prescription of Norco 10/325mg, #90:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**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. A progress note on 1/26/15 indicated the claimant had 7/10 pain while on Norco, Lyrica and Amytryptiline. In this case, the claimant had been on Norco for over a year without significant improvement in pain or function. There was no indication of Tylenol failure. Long-term use can lead to addiction and tolerance. The continued use of Norco is not medically necessary.