

<b>Case Number:</b>	CM15-0040963		
<b>Date Assigned:</b>	03/11/2015	<b>Date of Injury:</b>	02/21/2000
<b>Decision Date:</b>	04/22/2015	<b>UR Denial Date:</b>	02/12/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/04/2015

### 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: California

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 57 year old male, who sustained an industrial injury on 02/21/2000. He reported pain in the right shoulder, cervical spine, and thoracic spine. The injured worker was diagnosed as having right shoulder strain; cervical strain; and thoracolumbar strain with herniated nucleus pulposus. Treatment to date has included medications, ice, and home exercise program. Medications have included Norco and Flexeril. A progress note from the treating provider, dated 01/23/2015, documented a follow-up visit with the injured worker. Currently, the injured worker complains of mid-back pain with radiation to the low back; right-sided low back pain; neck pain with radiation to the right shoulder; and right shoulder pain. Objective findings included cervical spine tenderness to palpation with mild spasm and decreased range of motion; thoracolumbar spine with tenderness to palpation with spasm over the parathoracic muscles and decreased range of motion. The treatment plan of care included the continuation of home exercises and stretching, applying ice to affected areas as needed, and prescription medications. Request is being made for Norco 10/325 mg #75.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 10/325mg #75:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Hydrocodone/Acetaminophen (Norco), Opioids.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioid Section Page(s): 75-80.

**Decision rationale:** Regarding the request for Norco (hydrocodone/acetaminophen), Chronic Pain Medical Treatment Guidelines state that Norco is an opiate pain medication. Due to high abuse potential, close follow-up is recommended with documentation of analgesic effect, objective functional improvement, side effects, and discussion regarding any aberrant use. Guidelines go on to recommend discontinuing opioids if there is no documentation of improved function and pain. Within the documentation available for review, a progress note on 10/7/2014 documented the patient had functional improvement with the use of Norco as it has allowed the patient to continue his work as a truck driver. However, there is no documentation regarding side effects, and no discussion regarding aberrant use. As such, there is no clear indication for ongoing use of the medication. Opioids should not be abruptly discontinued, but unfortunately, there is no provision to modify the current request to allow tapering. In light of the above issues, the currently requested Norco (hydrocodone/acetaminophen) is not medically necessary.