

<b>Case Number:</b>	CM15-0047477		
<b>Date Assigned:</b>	03/19/2015	<b>Date of Injury:</b>	02/22/2011
<b>Decision Date:</b>	05/01/2015	<b>UR Denial Date:</b>	02/20/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/12/2015

### 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: California, Hawaii  
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 43 year old female who sustained a work related injury on February 22, 2011. She complained of pain in her neck and upper extremity. She was diagnosed with neck pain, wrist tendonitis, limb pain and muscle pain with numbness. Treatment included home exercise program, H-Wave, physical therapy, injections, heat and ice, muscle relaxants and pain medications. Currently, the injured worker complained of ongoing neck and arm pain. Authorization was requested for a prescription of Norco for pain.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 5-325mg #60:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 91.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-94.

**Decision rationale:** The patient presents with neck and upper extremity pain. The current request is for Norco 5-325mg #60. The treating physician states, "The medications are helpful

and well tolerated, including ibuprofen for pain and inflammation and flexeril for acute flare ups of muscle spasms. She uses her muscle relaxer sparingly. She has been noticing increased pain recently and is wanting to have something stronger than ibuprofen. She has tried Norco in the past and tolerated it well. She tried tramadol in the past and it made her nauseous. The pain is described as aching in the neck and both wrists. The pain is worse with bending and lifting. The pain is better with medications. She rates the pain as 8-10/10 on a visual analog scale and 4-6/10 with medications. Pain is worse since her last appointment. She denies any new symptoms or neurological changes." (B.43) The MTUS guidelines on page 76-78 discuss initiating steps to take before a therapeutic trial of opioids. The physician in this case has stated that non-opioid analgesics failed to control the patient's pain and that previous Norco usage was beneficial. The current request for initiation of Norco is medically necessary and the recommendation is for authorization.