

<b>Case Number:</b>	CM15-0060907		
<b>Date Assigned:</b>	04/07/2015	<b>Date of Injury:</b>	02/28/2013
<b>Decision Date:</b>	05/06/2015	<b>UR Denial Date:</b>	03/25/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/31/2015

### 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 51 year old female, who sustained an industrial injury on 02/28/2013. The initial complaints or symptoms included entire body pain from cumulative trauma. The initial diagnoses were not mentioned in the clinical notes. Treatment to date has included conservative care, medication, x-rays, MRIs, electrodiagnostic testing, injections, conservative therapies, psychological therapy, shoulder surgery, bilateral wrist surgeries, and psychological therapy. Currently, the injured worker complains of increased neck pain rated 7/10 and right upper extremity pain rated 7-8/10 with medications, increased pain in the left hand, and swelling to the right hand. The injured worker is currently taking Norco 10/325mg 4 times per day. The diagnoses include shoulder pain, cervical radiculopathy, and low back pain. The treatment plan consisted of medication refills (including Norco), MR arthrogram of the right shoulder, referrals and follow-up.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 10/325 mg #120:** Upheld

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

**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. In this case, the claimant had been on Norco for over 6 months without significant improvement in pain or function While on Norco, Gabapentin and NSAIDS, the pain level remained at 7/10. The continued use of Norco is not medically necessary.