

<b>Case Number:</b>	CM15-0082080		
<b>Date Assigned:</b>	05/29/2015	<b>Date of Injury:</b>	11/01/2000
<b>Decision Date:</b>	06/25/2015	<b>UR Denial Date:</b>	04/22/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/29/2015

### 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 41 year old female who sustained a repetitive industrial injury to her neck and shoulders on 11/01/2000. The injured worker was diagnosed with cervical degenerative disc disease, intractable neck, upper back and upper extremity pain and clinical depression associated with chronic pain syndrome. Treatment to date includes diagnostic testing, physical therapy, activity modification, multiple cervical epidural steroid injection, multiple trigger point injection and medications. According to the primary treating physician's progress report on April 15, 2015, the injured worker continues to experience neck, upper and mid back pain that extends down both upper extremities. The injured worker rates her pain level at 9/10 and reduced to 5/10 with medications. The injured worker also reports increasing Norco from one tablet to one and half over the past month due to the intensity of pain. The injured worker exhibits guarding with restricted painful movements in all planes. Spasms are in the upper cervical area and bilateral shoulder girdle. Current medications are listed as Norco 10/325mg, Soma, Lyrica, Ambien, Zoloft and Trazodone. Treatment plan consists of continuing with medication regimen and the current request for Norco 10/325mg #150.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 10/325 mg Qty 150:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-95, 124.

**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 a year in combination with SOMA increasing the risk of addiction. Long-term use is not indicated and response to Trazadone with a Norco wean was not noted. Continued and chronic use of Norco is not medically necessary.