

<b>Case Number:</b>	CM15-0089924		
<b>Date Assigned:</b>	05/14/2015	<b>Date of Injury:</b>	03/16/2009
<b>Decision Date:</b>	06/15/2015	<b>UR Denial Date:</b>	04/22/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/11/2015

### 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 31 year old female, who sustained an industrial injury on March 16, 2009. The mechanism of injury was not provided. The injured worker has been treated for neck and back complaints. The diagnoses have included thoracic outlet syndrome, cervicobrachial syndrome and chronic pain syndrome. Treatment to date has included medications, radiological studies, physical therapy and a home exercise program. Current documentation dated February 19, 2015 notes that the injured worker reported ongoing neck and back pain. Objective findings included palpable trigger points in the upper trapezius muscles, lower trapezius muscles, splenius capitis and quadratus lumborum bilaterally. Cervical lordosis was noted to be decreased. A Spurling's test was positive. Thoracic spine examination revealed a limited range of motion. Bilateral motor strength of the upper extremities revealed mild weakness. An Adson's test was positive bilaterally. Paresthesia to light touch was noted in the first and second digits bilaterally. The treating physician's plan of care included a request for the medication Norco 10/325 mg # 120 dispensed on February 19, 2015 and April 3, 2015.

### 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 120 (dispensed 2/19/15 and 4/3/15): Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 91, 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 in combination with NSAIDs for over 6 months with persistent 8/10 pain. Pain response with medication was not provided. In addition, there was no mention of Tylenol failure. The Norco for the dates in question above is not medically necessary.