

<b>Case Number:</b>	CM15-0231691		
<b>Date Assigned:</b>	12/07/2015	<b>Date of Injury:</b>	06/24/1999
<b>Decision Date:</b>	01/11/2016	<b>UR Denial Date:</b>	11/13/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/24/2015

### 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 66 year old male who sustained an industrial injury on 06-24-1999. Medical records indicated the worker was treated for shoulder joint pain, cervicgia, and knee joint pain. In the provider notes of 11-04-2015, the worker is seen in follow up for pain management. He is taking Norco only as needed at night, and from a prescription refilled with #15 tablets on 07-16-2015, he has #8 left. The worker is reported to stay very active. He is status post Cervical spine fusion (date unclear.) He is awaiting authorization for right shoulder injections, a left Lumbar epidural steroid injection (L5-S1) right cervical epidural steroid injection at C7-T1, and a cervical spine MRI with and without contrast. He continues to have significant neck pain with rotation with a pulling sensation when looking toward the left and inability to rotate his neck to the right secondary to pain. He also has knee pain with radiation into the right lateral calf (burning). The worker is status post right knee arthroscopy x2 (2010 and 2011 with a right total knee replacement approximately 4-5 years prior). His pain level is at a 4 on a scale of 0--10 for his bilateral shoulder and right knee. He gets chiropractic care for his low back pain. His case is permanent and stable. He has symptoms of excessive fatigue; muscle weakness; drowsiness; difficulty walking. There is no evidence of overmedication, sedation or withdrawal. His neck has decreased range of motion and sensory deficits in the right upper extremity and right lower extremity C6-7 dermatomes plus facet loading right greater than left. Pain limits his ability to rotate the neck. His right shoulder has decreased range of motion and tenderness with crepitus right greater than left. He is tender to elbow and back of shoulder with decreased range of motion of the right knee plus tenderness and pain in the right knee down to the foot (burning and sensitivity). A request for authorization was submitted for Norco 10/325mg #15. A utilization review decision 11-13-2015 non-certified the request.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 10/325mg #15:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use, Opioids, dosing, Opioids, specific drug list, Weaning of Medications.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids for chronic pain, Opioids for neuropathic pain.

**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 2 years without improvement with NSAIDS or Tylenol. The claimant has good pain control and does not require many Norco. The continued use is medically necessary.