

<b>Case Number:</b>	CM14-0095419		
<b>Date Assigned:</b>	07/25/2014	<b>Date of Injury:</b>	09/27/1998
<b>Decision Date:</b>	09/19/2014	<b>UR Denial Date:</b>	06/18/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/23/2014

### 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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation and is licensed to practice in Nevada. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 63-year-old female who was reportedly injured on September 27, 1998. The mechanism of injury is noted as the onset of neck pain while driving a forklift. The most recent progress note dated May 12th 2014, indicates that there are ongoing complaints of neck pain and low back pain. The physical examination demonstrated tenderness along the cervical spine and lumbar spine paraspinal muscles with spasms. There was decreased cervical spine range of motion. There was decreased sensation at the lateral aspect of the left forearm. There was a positive straight leg raise test at 35 and generalized decreased muscle strength in the lower extremities. Diagnostic imaging studies were not reviewed during this visit. Previous treatment includes an epidural steroid injection, oral medications, and the use of an H wave unit. A request was made for Norco and was not certified in the pre-authorization process on June 18, 2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 10/325mg #90:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-78, 88, 91.

**Decision rationale:** Norco (hydrocodone/acetaminophen ) is a short acting opiate indicated for the management of moderate to severe breakthrough pain. The California Medical Treatment Utilization Schedule guidelines support short-acting opiates at the lowest possible dose to improve pain and function, as well as the ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. The injured employee has chronic pain; however, there is no objective clinical documentation of improvement in their pain or function with the current regimen. As such, this request for Norco is not medically necessary.