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| <b>Case Number:</b>   | CM15-0019536 |                              |            |
| <b>Date Assigned:</b> | 02/09/2015   | <b>Date of Injury:</b>       | 07/09/2008 |
| <b>Decision Date:</b> | 03/25/2015   | <b>UR Denial Date:</b>       | 01/12/2015 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 02/02/2015 |

### 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 58 year old female, who sustained an industrial injury on July 9, 2008. The diagnoses have included low back pain with radicular symptoms, disc protrusion, and upper extremity complex regional pain syndrome, left shoulder surgery with residual, headaches, gastroesophageal reflux disease (GERD) and constipation. A progress note dated January 6, 2015 provides the injured worker complains of head ache, neck and back pain rated 5/10 with medication and 10/10 without medication. Physical exam reveals she ambulates with a cane, has cervical and lumbar tenderness and has allodynia in the left arm. She had epidural steroid injection on July 22, 2014 with 50% relief. On January 12, 2015 utilization review non-certified a request for Norco 10/325mg #60. The American College of Occupational and Environmental Medicine (ACOEM) and Official Disability Guidelines (ODG) were utilized in the determination. Application for independent medical review (IMR) is dated January 26, 2015.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 10/325mg #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

**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 Hydrocodone for over a year without significant improvement in pain or function. Pain scores for most body regions were 9/10. The continued use of Norco is not medically necessary.