

<b>Case Number:</b>	CM15-0111059		
<b>Date Assigned:</b>	06/17/2015	<b>Date of Injury:</b>	05/22/2009
<b>Decision Date:</b>	12/08/2015	<b>UR Denial Date:</b>	05/21/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/09/2015

### 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 46 year old male who sustained an industrial injury 05-22-09. A review of the medical records reveals the injured worker is undergoing treatment for knee tendonitis, knee quadriceps atrophy, and wrist rheumatoid arthritis. Medical records (05-11-15) reveal the injured worker complains of right wrist pain and weakness of fingers, right shoulder pain, and right knee giving way. The physical exam (05-11-15) reveals right quadriceps atrophy, antalgic gait, knee tenderness, and tenderness in the right wrist and bilateral shoulders, as well as bilateral shoulder impingement. Prior treatment includes knee brace, medications including Norco, Cymbalta, and Cimzia, as well as home exercises, ice, right total knee replacement, physical therapy, bilateral carpal tunnel releases, and stellate ganglion blocks. The original utilization review (05-21-15) non certified the request for Norco 10/325 #240. The documentation supports that the injured worker has been on Norco once at least 12-29-14.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 10/325 mg tablets, Qty 240, refills unspecified, taken by mouth 2 tablets every 6 hrs (max 8/day), as an outpatient: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines: Pain (chronic).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids (Classification), 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 a year. There was no mention of Tylenol, NSAID or weaning failure. The continued use of Norco is not medically necessary.