

<b>Case Number:</b>	CM15-0112721		
<b>Date Assigned:</b>	06/19/2015	<b>Date of Injury:</b>	01/10/1984
<b>Decision Date:</b>	07/17/2015	<b>UR Denial Date:</b>	05/28/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/11/2015

### 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 a 31 year old male who sustained an industrial injury on 01/10/1984. Current diagnoses include cervical spine disc protrusion with right-sided radiculopathy, right shoulder rotator cuff injury with impingement, and lumbar spine disc protrusion at L5-S1 with left-sided S1 radiculopathy. Previous treatments included medication management, right shoulder injection, home exercise program, physical therapy, and lumbar medial branch blocks. Previous diagnostic studies include a lumbar spine, cervical spine, and right shoulder MRI's and urine drug screening. Initial injuries included the neck, right shoulder, and lower back after falling 15 feet from a building during an altercation. Report dated 05/13/2015 noted that the injured worker presented with complaints that included neck, right shoulder, and low back pain. Pain level was not included. Physical examination was positive for decreased range of motion in the cervical spine, lumbar spine, and right shoulder, spasm and tenderness in the cervical and lumbar spine, pain with motion in the cervical spine that radiates to the right upper extremity, pain with motion in the lumbar spine with radiation to the left leg, Lasegue's test is positive in the lumbar spine bilaterally, pain with motion in the right shoulder and positive Hawkin's test. The treatment plan included requests for MRI of the right shoulder and cervical spine, referral to pain management for ablation therapy to the cervical and lumbar spine, and prescribed Norco 10-325 mg #60 for pain. Disputed treatments include Norco.

### 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 Chronic Pain Treatment Guidelines Hydrocodone/Acetaminophen.

**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 for over 4 years year without significant improvement in pain or function. The continued use of Norco is not medically necessary.