

<b>Case Number:</b>	CM15-0115349		
<b>Date Assigned:</b>	06/23/2015	<b>Date of Injury:</b>	01/20/2014
<b>Decision Date:</b>	09/01/2015	<b>UR Denial Date:</b>	05/20/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/15/2015

### 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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

### 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 56 year old female, who sustained an industrial injury on 1-20-2014, resulting from cumulative trauma. The injured worker was diagnosed as having cervical radiculopathy and chronic pain syndrome. Treatment to date has included diagnostics, cervical surgery in 2012, physical therapy, and medications. Currently (4-30-2015), the injured worker complains of frustration over insurance not authorizing surgeries. She complained of pain and burning in both hands. Pain was not rated. She remained off work. Urine toxicology (4-17-2015) was negative for Hydrocodone. Medication use included Norco. The treatment plan included medication renewal.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 10/325mg #120:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines When to Continue Opioids.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines (1) Opioids, criteria for use, (2) Opioids, dosing Page(s): 76-80, 86.

**Decision rationale:** The claimant sustained a work injury in January 2014 and continues to be treated for neck and bilateral hand pain. Medications have included Norco prescribed since at least December 2014. When seen, there was bilateral from crepitus and positive Tinel's testing. Urine drug screening has been negative for hydrocodone. Norco (hydrocodone/acetaminophen) is a short acting combination opioid often used for intermittent or breakthrough pain. In this case, it is being prescribed as part of the claimant's ongoing management. Although there are no identified issues of abuse or addiction and the total MED is less than 120 mg per day, there is no documentation that this medication is providing decreased pain, increased level of function, or improved quality of life and urine drug testing appears inconsistent with the medications being prescribed. Continued prescribing was not medically necessary.