

<b>Case Number:</b>	CM15-0126854		
<b>Date Assigned:</b>	07/13/2015	<b>Date of Injury:</b>	08/26/2014
<b>Decision Date:</b>	08/07/2015	<b>UR Denial Date:</b>	06/16/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/30/2015

### 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 38 year old male who sustained an industrial injury on 8/26/14 in a triple rollover truck accident where he hit his left knee and shoulder on the door. In addition he sustained injury to the neck, upper and lower back and both shoulders. He was medically evaluated, his lacerated left knee was sutured, had x-rays of the knees which were negative, received Norco for pain, leg brace and cane. He was off work a few days and returned to work with restrictions using a leg brace and cane. He currently complains of moderate neck pain, stiffness and weakness radiating to bilateral upper trapezius muscles; moderate low back pain, stiffness and heaviness radiating to bilateral lower extremities with numbness and tingling; moderate right shoulder pain, stiffness, heaviness and weakness radiating to right upper trapezius muscle; dull achy left knee pain stiffness and weakness .He uses a cane for ambulation. On physical exam of the cervical spine there was tenderness on palpation of the cervical paraspinal muscles and spasm; left knee tenderness on palpation and decreased and painful range of motion; right shoulder tenderness on palpation with decreased range of motion; tenderness on palpation of lumbar paravertebral muscles, bilateral sacroiliac joints and thoroclumbar junction. Medications are Flexeril, Tramadol, Protonix, and Norco. Diagnoses include cervical spondylotic radiculopathy C4-5, C5-6, C6-7; cervical sprain/ strain; cervical disc protrusion; cervical neural foraminal stenosis; lumbosacral strain, muscle spasms, disc protrusion; possible early myelopathy; right shoulder sprain/ strain; left knee sprain/ strain. Diagnostics include MRI of the cervical spine shows degenerative disc disease C4-7, right sided foraminal stenosis with nerve root compression; upper extremity electrodiagnostic study (5/26/15) showing mild left only median nerve carpal tunnel at the wrist without motor involvement, mild right sided C7 radiculopathy; MRI of the left knee (3/24/15) unremarkable. In the progress note dated 2/19/15 the treating provider's plan of care includes a request to refill Norco 10/325 mg.

## 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 Opioids, criteria for use. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain chapter.

**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 an unknown length of time. Long-term use is not indicated and combined use with other opioids (Tramadol) is not indicated as no one opioid is superior to another. In addition, there was no mention and failure of NSAIDs or Tylenol. Pain score attributed to Norco cannot be determined. Continued Norco use is not medically necessary.