

<b>Case Number:</b>	CM15-0030997		
<b>Date Assigned:</b>	02/24/2015	<b>Date of Injury:</b>	02/21/2013
<b>Decision Date:</b>	05/18/2015	<b>UR Denial Date:</b>	02/04/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/19/2015

### 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 59 year old male, who sustained an industrial injury on 02/21/2013. He reported that a large metal shipping container was hit by a van causing it to slide on the ground striking the injured worker's head knocking him unconscious. Upon awakening, he had difficulty breathing and pain to the head, left eye, neck bilateral shoulders, low back, left leg, liver, and right lung. The injured worker was diagnosed as having right scapular fracture, right chest chronic effusion, multiple rib fractures, pelvic fractures with subsequent lower extremity numbness, cervical strain and rule out disc herniation, bilateral upper extremity numbness, and facial trauma. Treatment to date has included x-rays, computed tomography of the body, status post multiple surgeries to the right lung, medication regimen, use of a hospital bed, use of a cane, physical therapy, and magnetic resonance imaging of the cervical, thoracic, and lumbar spine. In a progress note dated 01/14/2015 the treating physician reports complaints of persistent pain to the neck, mid back, low back, bilateral shoulders, and bilateral hips. The pain is rated four out of ten on a scale of one to ten to the neck, mid back, and low back; the pain is rated an eight of ten to the bilateral shoulders; and the pain is rated four to eight out of ten to the bilateral hips. The treating physician requested the medication of Norco 10/325mg with a quantity of 90 for pain noting that Norco reduces the pain from an eight out of ten to a three out of ten allowing the injured worker to continue to work.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 10/325mg #90:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines  
Page(s): 80.

**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 over 6 months. There was no indication of weaning attempt, lower dose initiation, or Tricyclic trial. The long-term use off Norco is not medically necessary.