

<b>Case Number:</b>	CM15-0070919		
<b>Date Assigned:</b>	04/20/2015	<b>Date of Injury:</b>	11/02/2000
<b>Decision Date:</b>	05/19/2015	<b>UR Denial Date:</b>	04/04/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/14/2015

### 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 67 year old female who sustained an industrial injury on 11/02/2000. The injured worker was diagnosed with status post rotator cuff repair, bilateral carpal tunnel type symptoms, right wrist pain resolved and neck pain. Treatment to date includes diagnostic testing, surgery, physical therapy, chiropractic therapy, transcutaneous electrical nerve stimulation (TEN's) unit and medications. The injured worker is status post right shoulder rotator cuff repair in June 2005. According to the primary treating physician's progress report on March 27, 2015, the injured worker continues to experience ongoing neck and upper extremity pain. The injured worker rates her current pain level at 2/10 with an average of 3/10 over the past several months and as high as 7/10 returning to 2/10 with medications. The Norco takes effect in about 30 minutes and provides 5-6 hours of relief. Current medications are listed as Norco, Relafen, Flexeril, Prilosec and Biofreeze gel. Treatment plan consists of temporarily discontinuing Relafen due to upcoming stent surgery, urine drug screening completed, continue other medications and the current request for Norco with Do Not Fill Dates (DND) of April 27, 2015 and May 27, 2015.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 5/325mg quantity 60 (DND until 4/27/15): Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids for chronic pain Page(s): 80-81.

**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 a year. There was no indication of Tylenol failure, weaning of medication or Tricyclic trial. Long-term use is not recommended and the Norco is not medically necessary for the dates above.

**Norco 5/325mg quantity 60 (DND until 5/27/15): Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids for chronic pain Page(s): 80-81.

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