

<b>Case Number:</b>	CM15-0078111		
<b>Date Assigned:</b>	04/29/2015	<b>Date of Injury:</b>	01/24/1992
<b>Decision Date:</b>	05/26/2015	<b>UR Denial Date:</b>	03/26/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/23/2015

### 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 69 year old female, who sustained an industrial injury on 1/24/1992. Diagnoses have included injury to median nerve and injury to ulnar nerve. Treatment to date has included carpal tunnel release on the right, ulnar transposition on the right and medication. According to the progress report dated 3/19/2015, the injured worker complained of pain in her shoulder, neck, elbow, wrist and finger. She rated her pain as 7/10 on the visual analog scale (VAS). She complained of bilateral volar wrist pain described as constant and dull with occasional momentary sharp pains accompanied by numbness in fingers on both sides. It was noted that Norco had an onset of one hour, providing 100% relief for three to four hours. Authorization was requested for Norco.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 10/325 mg #100:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 79.

**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 several months with 4 hour of 100% relief. There was no mention of trial of lower dose, failure of Tylenol use or failure of Tricyclic use. There was no mention of trial of longer-acting medication. The continued use of Norco is not medically necessary.