

<b>Case Number:</b>	CM13-0042330		
<b>Date Assigned:</b>	04/25/2014	<b>Date of Injury:</b>	08/31/2008
<b>Decision Date:</b>	05/23/2014	<b>UR Denial Date:</b>	09/27/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/30/2013

### 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. The expert reviewer is Board Certified in Family Practice and is licensed to practice in California and Arizona. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 46 yr. old female claimant sustained a work injury on 8/31/08 involving the low back, knee, and shoulder. She had undergone a lumbar hemilaminectomy, foraminotomy and microdiscectomy as well as right knee and right shoulder arthroscopies. An examination report on 9/12/13 indicated that the claimant had sleep disturbance and headaches as well as postoperative pain. Examination was limited with only mention of no infection at the surgical sites. The claimant was given a prescription for Norco 10/325 mg # 120. The claimant had been on Norco for at least a few months.

### 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:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 82-91.

**Decision rationale:** Norco is a short acting opioid used for breakthrough pain. According to the MTUS guidelines, Norco is not indicated at 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 has been on Norco for several months with no objective pain scale ratings or examination to demonstrate location, quality, and factors contributing to pain. Based on the information provided, the continued use of Norco is not medically necessary.