

<b>Case Number:</b>	CM13-0070247		
<b>Date Assigned:</b>	01/03/2014	<b>Date of Injury:</b>	01/22/2005
<b>Decision Date:</b>	04/21/2014	<b>UR Denial Date:</b>	11/22/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/24/2013

### 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 has a subspecialty in Pain Management and is licensed to practice in Florida. 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 claimant is a 75 year old injured worker who sustained an injury on 1/22/05 resulting in chronic low back pain radiating to the lower legs. In 2006 he had L4-L5 and L5-S1 fusion. Patient had a post-operative diagnosis of L5-S1 anterior spondylolisthesis. The patient has been on Norco since at least 2012 for pain management. An exam report on 10/21/13 stated that the patient still had low back pain (5-8/10). Norco and Gabapentin was used for pain along with Flexeril for muscle spasms. A prior caudal spinal injection had reduced the patient's pain medication requirement. The physical exam showed a positive leg raise finding and limited range of motion of the lumbar spine. The Norco as continued for pain management.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**NORCO 10/325 MG, #180 WITH 3 REFILLS:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-92.

**Decision rationale:** Norco is a short acting opioid used for breakthrough pain. According to the MTUS guidelines are 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 bases for short-term use. Long Term-use has not been supported by any trials. In this case, the claimant has been on Norco /opioids for over a year with no substantial improvement in pain scale. The request for Norco 10/325mg # 180 is not medically necessary and appropriate.