

<b>Case Number:</b>	CM14-0117515		
<b>Date Assigned:</b>	08/06/2014	<b>Date of Injury:</b>	10/05/2009
<b>Decision Date:</b>	09/15/2014	<b>UR Denial Date:</b>	07/02/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/25/2014

### 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 Medicine, and is licensed to practice in California. 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:

60 yr. old male claimant sustained a work injury on 10/5/09 involving the mid and low back. He was diagnosed with thoracolumbar strain. An x-ray of the spine showed a stable T7-T8 fracture. An MRI of the spine showed degenerative changes with L4-L5 lateral recess stenosis. He had been on opioids (Hydrocodone, Tramadol) and Butrans patches since at least 2012 for pain management. He has undergone physical therapy and manipulative treatments. A progress note on 3/3/14 indicated the claimant had 10/10 pain without medications and 8/10 with. At the time he was taking low-dose Vicodin 2 tablets per day. Examination was notable for low back spasms, reduced range of motion of the back and sensory loss in the left leg. He was continued on Norco 5/325 mg 1-2 tablets per day along with topical Voltaren and oral Lyrica.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 5/325mg #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Hydrocodone/Acetaminophen (Anexsia, Co-Gesic, Hycet, Lorcet, Lortab; Margesic-H, Maxidone, Norco, Stragesic, Vicodin, Xodol, Zydone; generics available).

**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 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 had been on Norco/Vicodin for over 2 years without significant improvement in pain or function. The continued use of Norco is not medically necessary.