

<b>Case Number:</b>	CM14-0049951		
<b>Date Assigned:</b>	07/07/2014	<b>Date of Injury:</b>	03/04/2003
<b>Decision Date:</b>	08/22/2014	<b>UR Denial Date:</b>	04/04/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/17/2014

### 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 Practice 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:

The claimant is a 49-year-old who sustained a work injury on May 2, 2002 to March 4, 2003 involving the neck and low back. He was diagnosed with cervical spine radiculitis, lumbar radiculopathy, lumbar stenosis and bilateral carpal tunnel syndrome. His pain had been managed with Norco, Flexeril and topical analgesics. Since at least October 2013, his pain had been managed with Norco. A request was made in April 2014 for the continuation of Norco. Interim notes and pain quality is not known.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 10/325mg, ninety count:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids-Criteria for use. Weaning of medications-page 124 Page(s): 80.

**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 Chronic Pain Medical Treatment 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 has been on Norco for several month. Clinical indication, response to pain and reason for continuation is not substantiated. The request for Norco 10/325mg, ninety count, is not medically necessary or appropriate.