

<b>Case Number:</b>	CM14-0086781		
<b>Date Assigned:</b>	07/23/2014	<b>Date of Injury:</b>	04/07/2003
<b>Decision Date:</b>	10/03/2014	<b>UR Denial Date:</b>	05/28/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/10/2014

### 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:

52 yr. old male claimant sustained a work injury on 4/7/03 involving the low back and left knee. He was diagnosed with left derangement and lumbar disc protrusion. He underwent bilateral lumbar facet nerve ablation from L3-L5 and medial branch blocks. He had been on opioids including Hydrocodone for several years for pain control. A progress note on 9/10/13 indicated he had been on Norco, Soma, topical Voltaren and Flector but continued to have back pain. Exam findings were notable for painful range of motion of the lumbar spine and crepitus /tenderness in the left knee. A progress note on 4/17/14 indicated he had continued pain symptoms. Exam findings were essentially the same. At the time he had been on Soma, and Norco as well as medical marijuana.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco #210 no refills:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS Page(s): 76-124.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74,78-96.

**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 for a year without significant improvement in pain or function. The continued use of Norco is not medically necessary.