

<b>Case Number:</b>	CM14-0187897		
<b>Date Assigned:</b>	11/18/2014	<b>Date of Injury:</b>	10/14/1998
<b>Decision Date:</b>	01/27/2015	<b>UR Denial Date:</b>	10/27/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/11/2014

### 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 injured worker is a 54 year old female with a date of injury of October 14, 1998. Results of the injury include low back pain. Diagnosis include post laminectomy syndrome, chronic pain syndrome, lumbar radiculopathy L4-5 degenerative disc disease lumbar, low back pain, urinary incontinence, depression, anxiety, carpal tunnel syndrome bilateral, lumbar scoliosis, constipation, lumbar spondylosis, and pelvic floor dysfunction. Treatments have included low back surgery, Norco, Zoloft, home exercise program, heat, and ice. Magnetic resonance Imaging dated May 11, 2010 showed mild disc bulge at L3-4 but no spinal stenosis or neural foramenal narrowing. Progress report dated November 14, 2014 showed 5/5 bilateral lower extremity strength, sensation was intact but decreased over the left lateral leg. Sacroiliac joints were tender. There was tenderness over the paraspinals and increased pain with flexion and extension. Straight leg raise was positive on the left. Work status was noted as disabled/retired. The treatment plan was for medication management. Utilization review form dated October 27, 2014 modified Norco 10/325mg QTY: 120 according to MTUS treatment guidelines.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 10/325mg QTY: 120:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 76-80.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines OPIODS  
Page(s): 82-92.

**Decision rationale:** Norco is a short acting opioid used for breakthrough pain. According to the California MTUS guidelines, it is not indicated as 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 several months without significant improvement in pain or function. The continued use of Norco is not medically necessary.