

<b>Case Number:</b>	CM14-0200042		
<b>Date Assigned:</b>	12/10/2014	<b>Date of Injury:</b>	09/20/1995
<b>Decision Date:</b>	01/26/2015	<b>UR Denial Date:</b>	11/19/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/01/2014

### 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:

68 year old male injured worker sustained a work injury on 9/20/95 involving the neck and low back. He was diagnosed with cervical strain, cervical stenosis, L4-S1 nerve root impingement and peripheral neuropathy. An Electromyography (EMG) in March 2013 was consistent with L4 radiculopathy. Prior MRI had shown L4-L5 disc herniation. He underwent lumbar fusion in July 2013. The claimant had been on Norco for pain since at least 2012. A progress note in May 2014 indicated the claimant had 8/10 pain. He had received epidural injections. He had used a back brace and front wheel walker to ambulate. A progress note on 10/9/14 indicated the claimant had continued back pain and was waiting to undergo another surgery. The physician had continued the Norco for pain.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 10-325mg #90:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Hydrocodone/Acetaminophen; and Opioids, Criteria for Use.

**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 that Norco is not indicated at 1st line therapy for neuropathic pain and chronic back pain. It is not indicated for mechanical or compressive etiologies. Per guidelines, 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 for years with no improvement in pain. The request of Norco is not medically necessary.