

<b>Case Number:</b>	CM15-0000822		
<b>Date Assigned:</b>	01/12/2015	<b>Date of Injury:</b>	02/05/2002
<b>Decision Date:</b>	03/10/2015	<b>UR Denial Date:</b>	12/17/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/05/2015

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:  
 State(s) of Licensure: Arizona, California  
 Certification(s)/Specialty: Family Practice

### 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 84 year old male, who sustained an industrial injury on 2/5/2002, when he tripped over a piece of wood at work and fell to the ground. Primary Treating Physician's Progress Report for November 24, 2014, with complaints of low back pain, worse on the right than the left and radiates to the right buttock, posterolateral leg and calf; right hip/iliac crest donor site pain with dysesthesia; left knee pain; gastroesophageal reflux disease symptomatology, intermittent, due to pain medication use and insomnia/sleep difficulty due to chronic pain. The injured worker has difficulty bending, tying his shoes, putting on socks or standing, sitting or walking for prolonged periods. Magnetic Resonance Imaging (MRI) was done on 2/7/2012. The injured was seen by Neurology consultation on 9/5/2012 that noted that he would not benefit from surgical intervention at that time. The injured worker has a diagnosis of right lumbar radiculopathy status post surgery with two level lumbar fusion on 9/19/2002; left knee strain with medical meniscar tear, status post arthroscopy on 12/10/2003; right hip/iliac crest donor site pain due to lumbar spine fusion surgery, currently stable; gastroesophageal reflux disease symptomatology, intermittent, due to pain medication use; insomnia/sleep difficulty due to chronic pain and atrophy of left quadriceps, most likely disuse due to chronic left knee pain, rule out lumbar radiculopathy. The injured worker was declared permanent and stationary with open future care per the report of 11/20/2004. In September 2014, she had 10/10 pain. She had been on topical Lidoderm, Soma, Nizatidine, Doclofenax, Cidaflex and Norco. Exam findings were notable for decreased sensation in the lumbar spine spasms, decreased range of motion and a positive straight leg raise test. A progress note on 11/24/14 indicates the same pain level and

exam findings. According to the utilization review performed on 12/17/2014, the requested 1 prescription of Norco 7.5/325mg #120 has been modified to 1 prescription of Norco 7.5/325mg #96 between 11/24/2014 to 2/10/2015. CA MTUS for Chronic Pain Medical Treatment Guidelines (May 2009) were used.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**One prescription of Norco 7.5/325mg #120:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 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, 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 several months without significant improvement in pain or function. There was no indication of Tylenol failure. Long-term use of opioids can lead to addiction and tolerance. The continued use of Norco is not medically necessary.