

<b>Case Number:</b>	CM15-0001134		
<b>Date Assigned:</b>	01/12/2015	<b>Date of Injury:</b>	06/28/1999
<b>Decision Date:</b>	03/06/2015	<b>UR Denial Date:</b>	12/15/2014
<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 male patient, who sustained an industrial injury on 06/28/1999. He was diagnosed with lumbar degenerative disc disease. The claimant had been on opioids for pain including Vicodin since at least 2013. A periodic report dated 10/06/2014 reported subjective complaints of mild to moderate lumbar pain. Objective findings found spasm noted in bilateral lumbar paravertebral musculature and pain upon palpation. His range of motion is decreased in all plains. He is diagnosed with; lumbar strain and degerative disc disease lumbar region. He is noted as unable to work and follow up in 8 weeks. On 12/15/2014 Utilization Review non-certified a request for Norco 10/325 MG, noting the CA MTUS Chronic pain, opioids was cited.

### IMR ISSUES, DECISIONS AND RATIONALES

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

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

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 91; 78-80, 124.

**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 opioids for over a year. There was no indication of pain scale or functional improvement while on opioids. A controlled substance agreement for long term use was not found in the documentation. There was no indication of NSAID or Tylenol failure. The continued use of Norco is not medically necessary.