

<b>Case Number:</b>	CM15-0102064		
<b>Date Assigned:</b>	06/04/2015	<b>Date of Injury:</b>	08/10/2011
<b>Decision Date:</b>	07/10/2015	<b>UR Denial Date:</b>	05/05/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/27/2015

### 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 62 year old male, who sustained an industrial injury on 08/10/2011. According to a progress report dated 04/21/2015, the injured worker was seen for a follow up of his back, neck, bilateral knees and right shoulder. Pain level went from 9 to 6 on scale of 1-10 with medications. The injured worker was able to work 36 hours a month running his restaurant, and without medications he would not be able to do that. He was also able to ride his bike about 3 miles about 4 days a week because of medications. There had been no adverse effects or aberrant drug seeking behaviors. He urine drug screen was consistent with medications provided. Zanaflex helped tremendously. Muscle spasms in his low back and right upper extremity were controlled by use of Zanaflex. It also helped him to sleep at night. With 2 Norco and 2 Ultram taken daily, his pain was under fairly good control so he could function. Medication regimen included Norco, Ultram and Zanaflex. He also utilized a TENS unit. Diagnoses included chronic low back pain, bilateral leg pains, neck pain, chronic right knee pain, right shoulder pain, dermatitis from knee brace, left knee pain, chronic myofascial back pain and electromyography of the bilateral upper and lower extremities from 03/04/2013 with impression of right carpal tunnel syndrome and suggestive of bilateral S1 radiculopathy. The right lower extremity was not assessed due to pain tolerance. The treatment plan included prescriptions for Norco, Ultram and Zanaflex. Work restrictions included no bending or stooping and no driving more than 2 hours of prolonged sitting. Documentation submitted for review and dating back to January 2014, shows that the injured worker's medication regimen has included Norco since that time. Currently under review is the request for Norco 5/325mg twice daily #60.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 5/325mg, twice daily, #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use, On-going Management Page(s): 78.

**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 over a year in combination with Tramadol without documentation of pain scores. There is not mention of weaning failure. The continued and chronic use of Norco is not medically necessary.