

<b>Case Number:</b>	CM15-0103933		
<b>Date Assigned:</b>	07/16/2015	<b>Date of Injury:</b>	12/30/1997
<b>Decision Date:</b>	08/11/2015	<b>UR Denial Date:</b>	05/06/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/29/2015

### 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 54 year old male with an industrial injury dated 12/30/1997. His diagnoses included primary localized osteoarthritis, lower leg; lumbosacral spondylosis without myelopathy, and congenital spondylosis lumbosacral region. Prior treatment included diagnostics, physical therapy, trigger point injections, diagnostics, epidural and medications. He presents on 04/17/2015 with complaints of pain in lower back, elbow, wrist, leg and knee. The pain radiates down the leg and is described as numbness, pins and needles. The pain is rated as 6/10 without medications and 2/10 with medications. The pain is improved with medications. Physical exam noted decreased and painful range of motion. Patrick's test was positive on right and left. Sensation and motor strength was normal. There was no tenderness over the bilateral lumbar paraspinal. There was tenderness noted to palpation over the lumbar facet joints. Gait was abnormal. Right knee exam revealed tenderness at the medial and lateral joint line. There was palpable tenderness at the lateral joint line of the left knee. The treatment plan included Hyalgan injections and medications. The request for Hyalgan injections for bilateral knees was conditionally non-certified. The treatment request for review is for one prescription of Norco 10/325 mg # 120.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**1 Prescription of Norco 10/325mg #120: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids.

**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. There was no mention of weaning or Tylenol failure. The claimant still required knee injections despite supposed benefit from medications. Continued and chronic use is not medically necessary.