

<b>Case Number:</b>	CM15-0108731		
<b>Date Assigned:</b>	06/15/2015	<b>Date of Injury:</b>	12/21/2012
<b>Decision Date:</b>	07/16/2015	<b>UR Denial Date:</b>	05/28/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/05/2015

### 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 40 year old male, who sustained an industrial injury on 12/21/2012. He has reported injury to the mid and low back. The diagnoses have included backache; lumbar degenerative disc disease; lumbar radiculopathy; and status post lumbar L4-5 microdiscectomy, on 12/16/2013. Treatment to date has included medications, diagnostics, injections, TENS (transcutaneous electrical nerve stimulation) unit, physical therapy, home exercise program, and surgical intervention. Medications have included Norco, Ibuprofen, Zanaflex, and Neurontin. A progress note from the treating physician, dated 05/15/2015, documented a follow-up visit with the injured worker. Currently, the injured worker complains of low back pain, unchanged since the last visit; pain is rated as 5 on a scale of 1 to 10, with medications; pain is rated as 8 on a scale of 1 to 10, without medications; left lower extremity weakness, numbness, and tingling; his activity level has increased; he is stable with his current medication regimen; and the medications are beneficial for moderate pain relief, he can walk for longer periods and with less pain, and he can perform household tasks with less pain. It is noted that with physical therapy, the injured worker has gained improvement in both lumbar range of motion and strength, but continues to be limited in sitting tolerance. Objective findings included global antalgic, slow gait; lumbar range of motion is restricted and limited by pain; lumbar facet loading is positive on both sides; straight leg raising test is positive on the right; and light touch sensation is decreased over the lateral foot, medial foot, and anterior thigh on the left side. The treatment plan has included the request for Norco 10/325 mg #90.

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

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

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

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**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 with NSAIDs and muscle relaxants for over 6 months without significant improvement in pain or function over time. There was no mention of failure of Tylenol or Tricyclics. The continued use of Norco is not medically necessary.