

<b>Case Number:</b>	CM15-0135166		
<b>Date Assigned:</b>	07/23/2015	<b>Date of Injury:</b>	03/09/2004
<b>Decision Date:</b>	08/19/2015	<b>UR Denial Date:</b>	07/07/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/13/2015

### 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 56 year old female, who sustained an industrial injury on 3/9/04. Initial complaint was of her low back. The injured worker was diagnosed as having lumbar disc degeneration; cervical disc degeneration; other symptoms referable to back; lumbar intervertebral disc displacement without myelopathy, sacroiliitis, lumbago; thoracic or lumbar disc degeneration, chronic pain syndrome, chronic low back pain; traumatic arthropathy of sacroiliac joint; chronic neck pain; lumbar radiculopathy; arthropathy of lumbar facet joint; carpal tunnel syndrome. Treatment to date has included physical therapy; transforaminal epidural steroid injection/epidurogram L4-5/L5-S1 (6/4/12; 9/24/12; 8/18/14); bilateral sacroiliac joint injection/arthrogram (1/28/13; 7/29/13; 1/20/14); medications. Diagnostics studies included MRI lumbar spine (2/12/98; 12/23/14); 4/28/04); MRI cervical spine (7/2/97); CT scan lumbar spine (3/26/04); MRI sacrum/coccyx (12/27/13). Currently, the PR-2 notes dated 6/29/15 indicated the injured worker complains of a history of cervical and lumbar degenerative disc disease and lumbar facet osteoarthritis with possible sacroiliac joint dysfunction. She present to this office for routine office visit and medication refills. Her pain is rated 7/10 without medications and 4/10 with medications. She reports her neck pain is flared up lately and reports benefit with medications. She is interested in alternative ways to manage her pain flares rather than increasing her medication. The provider will request acupuncture on this date. Medications listed are Norco and Soma. On physical examination, he documents continues severe cervical pain with spasms along the cervical spine with positive Spurling's. She has limited range of motion due to pain and hypoesthesia at the right wrist. She has moderate lumbar pain to touch with

movement long the lumbar spine. She has positive straight leg raise bilaterally with flexion at 40 degrees restricted by spasms and unable to extend; lateral bending is 30% restricted. A lumbar MRI dated 12/13/14 is reviewed showing disc bulges throughout the lumbar spine levels among with facet osteoarthritis. The provider is requesting authorization of Norco 10/325mg #120.

### **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, criteria for use; Weaning of Medications.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines opioids Page(s): 82-92, 29.

**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 2 years. There was no mention of Tylenol, NSAID, Tricyclic or weaning failure. Recent combination with Soma increased heroine like effect. The continued use of Norco is not medically necessary.