

<b>Case Number:</b>	CM15-0137320		
<b>Date Assigned:</b>	07/27/2015	<b>Date of Injury:</b>	04/04/2005
<b>Decision Date:</b>	08/21/2015	<b>UR Denial Date:</b>	06/16/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/15/2015

### 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:

This 36 year old male sustained an industrial injury on 4/04/05. He subsequently reported back pain. Diagnoses include axial low back pain and status post lumbar fusion. Treatments to date include MRI and x-ray testing, injections, back surgery, chiropractic care, physical therapy and prescription pain medications. The injured worker continues to experience low back and bilateral hip pain. Upon examination, tenderness to palpation was noted in the lumbar paraspinal muscles, axial spine and lower lumbar facet column. Lumbar range of motion was decreased with pain noted. There was moderate sacroiliac joint tenderness bilaterally with palpation of the pelvis. A request for Norco 10/325mg, #240 was made by the treating physician.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 10/325mg, #240:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, specific drug list.

**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 including Hydromorphone, Oxycodone and Norco for several months. Reduction in pain scores were not noted with medication use. There was no mention of Tylenol, NSAID, Tricyclic or weaning failure. The continued use of Norco is not medically necessary.