

<b>Case Number:</b>	CM15-0142698		
<b>Date Assigned:</b>	08/03/2015	<b>Date of Injury:</b>	03/26/1990
<b>Decision Date:</b>	09/02/2015	<b>UR Denial Date:</b>	07/13/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/23/2015

### 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 69-year-old female, who sustained an industrial injury on 3-26-1990. The mechanism of injury is unknown. The injured worker was diagnosed as having low back pain with left leg radiculopathy, chronic neck pain, history of polymyalgia, prior lumbar 4-5 laminectomy and abnormal electromyography (EMG) -nerve conduction study (NCS) showed chronic lumbar 5 radiculopathy. Treatment to date has included surgery, home exercises, and therapy and medication management. In a progress note dated 6-4-2015, the injured worker complains of low back pain radiating to the left lower extremity, rated an average of 8 out of 10. Pain was rated 4 out of 10 with medications and 10 out of 10 without medications. Physical examination showed lumbar spasm and decreased range of motion. The treating physician is requesting 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:

**Norco 10/325mg #120:** 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 for several months in combination with Tylenol, and Ibuprofen. There was no mention of Norco weaning failure. Pain reduction due to Norco is unknown. The continued use of Norco is not medically necessary.