

<b>Case Number:</b>	CM15-0147768		
<b>Date Assigned:</b>	08/10/2015	<b>Date of Injury:</b>	08/14/2012
<b>Decision Date:</b>	09/10/2015	<b>UR Denial Date:</b>	06/29/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/29/2015

### 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 28 year old male, who sustained an industrial injury on August 14, 2012, incurring low back, left elbow and leg injuries, after an eight foot fall from a ladder. Magnetic Resonance Imaging of the lumbar spine revealed mild degenerative disc disease and facet arthrosis with bilateral neural foraminal narrowing. He was diagnosed with left lateral epicondylitis and a lumbar strain. Treatment included anti-inflammatory drugs, muscle relaxants, physical therapy and home exercise program, occupational therapy and work modifications and restrictions. Currently, the injured worker complained of persistent low back pain radiating into the lower extremities. The treatment plan that was requested for authorization included a prescription for Norco.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 5/325mg #60:** Upheld

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

**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 Tramadol, Anaprox and Tylenol #3 (Codeine) for over a year. Long-term use of opioids has not been studied and no one opioid is superior to another. Here was no mention of weaning attempt. The continued use of Norco is not medically necessary.