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| <b>Case Number:</b>   | CM15-0160842 |                              |            |
| <b>Date Assigned:</b> | 08/27/2015   | <b>Date of Injury:</b>       | 03/25/2008 |
| <b>Decision Date:</b> | 09/30/2015   | <b>UR Denial Date:</b>       | 07/17/2015 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 08/17/2015 |

### 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 is a 50 year old female with a March 25, 2008 date of injury. A progress note dated July 7, 2015 documents subjective complaints (pain in the right hip and right leg; hip feels loose and unstable; pain in the left knee and outer left foot; neck pain; pain rated at a level of 4 to 5 out of 10), objective findings (slightly depressed mood; antalgic gait; difficulty transferring from a deep seated position; moderate tenderness to palpation to the cervical paraspinal muscles and upper trapezius; moderate tenderness to palpation of the lumbar paraspinal muscles, right greater than left; limited range of motion of the right hip; limited range of motion of the left knee; mild to moderate tenderness throughout the knee with abrasion noted; mild tenderness to palpation of the distal fourth and fifth metatarsal bones of the left foot), and current diagnoses (chronic right hip pain; depression and anxiety related to chronic pain; right lateral femoral cutaneous neuropathy; possible underlying lumbar radiculopathy; right knee pain status post fall; cervical strain status post fall). Treatments to date have included medications, transcutaneous electrical nerve stimulator unit, psychotherapy, right hip arthroscopy for labral tear, and imaging studies. The medical record indicates that medications help control the pain. The treating physician documented a plan of care that included 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 1 PO Q6 #120: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain.

**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 over 6 months in combination with Opana ER and recently Morphine. There was no mention of Tylenol Tricyclic or weaning failure. The continued and chronic use of Norco is not medically necessary.