

<b>Case Number:</b>	CM15-0163605		
<b>Date Assigned:</b>	08/31/2015	<b>Date of Injury:</b>	05/04/2012
<b>Decision Date:</b>	09/30/2015	<b>UR Denial Date:</b>	08/12/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/20/2015

### 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 39-year-old male, who sustained an industrial injury on May 4, 2012. The injured worker was diagnosed as having lumbago, chronic pain and anxiety. Treatment to date has included medication and Transcutaneous Electrical Nerve Stimulation (TENS). A progress note dated July 27, 2015 provides the injured worker complains of severe left leg pain radiating down the leg. The pain is rated 8 out of 10. He reports Transcutaneous Electrical Nerve Stimulation (TENS) unit has helped and that he needs his medication until after he gets an epidural steroid injection. Physical exam notes back spasm with decreased range of motion (ROM) and positive left straight leg raise. The plan includes Norco, Soma, Xanax, Cymbalta, acupuncture and follow-up.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 10/325mg; 1 tablet 4 times daily; #90: 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 Norco for several months without significant improvement in pain (Consistent 8/10) or function. There was no mention of Tylenol, NSAID, Tricyclic or weaning failure. The continued use of Norco is not medically necessary.