

<b>Case Number:</b>	CM15-0166058		
<b>Date Assigned:</b>	09/03/2015	<b>Date of Injury:</b>	10/03/2009
<b>Decision Date:</b>	10/06/2015	<b>UR Denial Date:</b>	08/21/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/24/2015

### **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 (IW) is a 67 year old female who sustained an industrial injury on 10-03- 2009. She reported The injured worker was diagnosed as having lumbar disc herniation with disc protrusions and foraminal stenosis, bilateral lower extremity radiculopathy-spinal cord dysthesias left greater than right, cervical disc herniation with associated cervicogenic headaches, reactionary depression/anxiety, bilateral carpal tunnel syndrome, right greater than left. Treatment to date has included multiple sessions of physical therapy with mild functional improvement, medications, a right knee MRI (01-03-2012), a lumbar spine MRI (08-03-2011), a lumbar provocative discogram (07-21-2010), electromyogram-nerve conduction velocity( 05-10- 2010), lumbar spine MRI ( 11-09-2009), and cervical spine MRI (12-20-2009) and electromyogram nerve conduction volume and a trial of a lumbar spinal cord stimulator (06/30/2014). Currently, the injured worker complains of low back pain rated as high as 08 on a scale of 10, which is reduced to a 6 on a scale of 10 with medication. A recent trial of a lumbar spinal cord stimulator was successful in providing at least 70% relief to her lower back pain as well as radicular symptoms to her lower extremities, but had the drawback of positional changes which made her feel anxious. She has neck pain radiating into the bilateral upper extremities (mostly on the right), and cramping and pain in the distal upper extremities especially in the hand.

She complains of progressive shaking in the right upper extremity with unintentional and intentional movements. She is currently on Norco, Anaprox, Neurontin, and Topamax. Depression symptoms and pain are aided with Cymbalta. A request for authorization was submitted for: 1. Cymbalta 60mg quantity 30. 2. Neurontin 300mg quantity 90. 3. Norco 10/325mg quantity 180A utilization review decision (08-21-2015) approved the Cymbalta 60mg quantity 30, and Neurontin 300mg quantity 90 as medically necessary due to the worker's documented depression, cervical radiculopathy and multiple sources of neuropathically mediated pain. The request for Norco 10/325mg quantity 180 was noted to be not medically necessary due to no indication of functional benefit from the opiate. However due to the nature of the drug, the Norco was approved with weaning recommended.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Norco 10/325mg quantity 180: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Hydrocodone Acetaminophen.

**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 a year without significant improvement in pain or function along with NSAIDS. There was no mention of Tylenol, Tricyclic or weaning failure protocol. The continued and chronic use of Norco is not medically necessary.