

<b>Case Number:</b>	CM15-0181790		
<b>Date Assigned:</b>	09/23/2015	<b>Date of Injury:</b>	09/20/2008
<b>Decision Date:</b>	11/03/2015	<b>UR Denial Date:</b>	08/27/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/15/2015

### 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 48 year old female, who sustained an industrial injury on 9-20-08. The injured worker was diagnosed as having chronic lumbosacral spinal pain. The physical exam (3-3-15 through 8-4-15) revealed 5-7 out of 10 pain, a "mildly" positive straight leg raise test and tenderness in the lumbar paraspinal areas. Treatment to date has included chiropractic treatments x 12 sessions. Current medications include Topamax, Prilosec, Zanaflex, Naprosyn, Cymbalta and Norco (since at least 3-3-15). As of the PR2 dated 8-20-15, the injured worker reports low back pain. She rates her pain 5 out of 10 currently and 10 out of 10 at worst. Objective findings include a "mildly" positive straight leg raise test, 4 out of 5 strength bilaterally and tenderness in the lumbar paraspinal areas. The treating physician requested Norco 10-325mg #250. On 8-20-15, the treating physician requested a Utilization Review for Norco 10-325mg #250. The Utilization Review dated 8-27-15, modified the request for Norco 10-325mg #250 to Norco 10-325mg #250 allowed only for the proposed surgery and then subsequent weaning over 3-4 months.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 10/325mg #250:** Upheld

**Claims Administrator guideline:** Decision based on MTUS General Approaches 2004, Section(s): Initial Approaches to Treatment, and Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids for chronic pain, Opioids for neuropathic pain.

**Decision rationale:** Norco is a short acting opioid used for breakthrough pain. According to the MTUS guidelines, it is not indicated as first 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 NSAIDS. There was no mention of Tylenol, Tricyclic or weaning failure. The continued use of Norco is not medically necessary.