

<b>Case Number:</b>	CM15-0184562		
<b>Date Assigned:</b>	09/25/2015	<b>Date of Injury:</b>	05/25/2011
<b>Decision Date:</b>	11/02/2015	<b>UR Denial Date:</b>	09/10/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/20/2015

### 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 61 year old female, who sustained an industrial injury on 5-25-2011. The medical records indicate that the injured worker is undergoing treatment for low back pain, lumbar degenerative disc disease, lumbar spondylosis, moderate central canal stenosis at L3-4, and lumbar radiculitis. According to the progress report dated 9-1-2015, the injured worker presented with complaints of dull and constant low back pain. In addition, she complains of intermittent pain in the right thigh. She denies numbness in her legs. On a subjective pain scale, she rates her pain 3 out of 10 with medications and 9 out of 10 without. The pain is aggravated by sitting, standing, walking, bending, and lifting. The physical examination of the lumbar spine reveals decreased lumbar lordosis, tenderness over the right paraspinal muscles, and negative straight leg raise test bilaterally. The current medications are Norco. There is documentation of ongoing treatment with Norco since at least 3-9-2015. Previous diagnostic studies include MRI of the lumbar spine. Treatments to date include medication management, ice pack, physical therapy (helped); home exercise program, chiropractic (helped), psychotherapy, and lumbar epidural steroid injection (did not help). The treating physician noted that she has not yet reached a permanent and stationary work status. The original utilization review (9-10-2015) had non-certified a request for Norco #60.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 10/325 mg #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS 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 several months. Prior to that, the claimant was on Tramadol. Due to drug interaction with Zoloft, the claimant was switched to Norco. There was no mention of Tylenol, NSAID, Tricyclic or weaning failure. The continued and chronic use of opioids such as Norco is not medically necessary.