

<b>Case Number:</b>	CM15-0187603		
<b>Date Assigned:</b>	09/29/2015	<b>Date of Injury:</b>	10/08/2009
<b>Decision Date:</b>	11/09/2015	<b>UR Denial Date:</b>	08/24/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/23/2015

### 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 30 year old female, who sustained an industrial injury on October 8, 2009. She reported ankle popping and pain. The injured worker was diagnosed as having acute ankle sprain. Treatment to date has included ankle splint, ice pack, diagnostic studies, surgery, physical therapy and medication. On July 24, 2015, the injured worker complained of increasing back pain with radiation down the left leg. The pain was noted to be present 100% of the day. She rated the pain as a 6 on a 1-10 pain scale on the day of exam and a 10 on the pain scale at worst. Notes stated that her Norco medication allows her to "function better." She can stand for approximately thirty minutes and is able to perform her household chores and activities of daily living. When she does not take her medications, she can hardly get out of bed and can stand for no more than five minutes. The injured worker was noted to be twelve weeks pregnant and would like to taper down on her Norco and Lyrica medications. The treatment plan included Norco 5-325mg #90 to start on day of exam and end on 08-22-2015, refills of medications, exercise and a follow-up visit. A retrospective request was made for Norco 5-325mg #90 (start 07-24-2015 and end on 08-22-2015) to allow one refill for the purpose of weaning to discontinue at the requesting physician's discretion over a weaning period of two to three months.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retro Norco 5/325mg, TID as needed #90, start on 7/24/15 and end of 8/22/15: 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 neuropathic pain, Opioids for chronic pain.

**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 in combination with NSAIDS. There was no mention of Tylenol, Tricyclic or weaning failure. The continued and chronic use of Norco is not medically necessary.