

<b>Case Number:</b>	CM15-0189226		
<b>Date Assigned:</b>	10/01/2015	<b>Date of Injury:</b>	11/25/2014
<b>Decision Date:</b>	11/09/2015	<b>UR Denial Date:</b>	09/16/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/25/2015

### 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 female, who sustained an industrial injury on 11-25-2014. The injured worker is being treated for lumbosacral sprain and leg pain. Treatment to date has included diagnostics and medications. Per the Primary Treating Physician's Progress Report dated 8-18-2015 the injured worker reported low back pain and flaring up of right leg pain. She also has left leg pain. Lumbar magnetic resonance imaging (MRI) dated 7-14-2015 showed "again the left paracentral disc protrusion at L5-S1 and left neuroforaminal stenosis and borderline left lateral recess stenosis at L4-5." Objective findings included right paralumbar tenderness from L2 to L5-S1 without any sacroiliac or trochanteric tenderness. There is some lumbar spasm present. The injured worker reported pain relief and improved functioning from the Norco taken for pain. She has increased physical and psychosocial functioning. There is a signed pain agreement on file and per the report she has had no aberrant behavior. Work status was modified. The plan of care included medications. Authorization was requested on 8-18-2015 for Norco 10- 325mg #150. On 9-16-2015, Utilization Review modified the request for Norco 10-325mg #150.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 10/325mg quantity 150: 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 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 a prolonged period without consistent documentation of pain reduction scores. There was no mention of Tylenol, NSAID, Tricyclic or weaning failure. The continued use of Norco is not medically necessary.