

<b>Case Number:</b>	CM15-0197035		
<b>Date Assigned:</b>	10/12/2015	<b>Date of Injury:</b>	11/05/2013
<b>Decision Date:</b>	11/19/2015	<b>UR Denial Date:</b>	09/22/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/06/2015

### 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 49 year old male, who sustained an industrial injury on November 5, 2013, incurring right lower extremity injuries. He was diagnosed with a right femur fracture. He underwent a surgical open reduction and internal fixation of the right femur fracture. He was ordered on Norco for pain at the time of his injury. He noted the pain medication Norco relieved his pain from, 10 out of 10 on a pain scale from 0 to 10, down to 5 out of 10. Treatment included pain medications, muscle relaxants, neuropathic medications, surgical interventions and activity restrictions. Currently, the injured worker complained of left knee pain and femur pain. He noted joint stiffness, decreased range of motion of the left leg, and left knee. Magnetic Resonance Imaging of the left knee revealed degenerative changes of the medial meniscus and partial thickness tear of the ACL and tendinosis of the ligament and chondromalacia of the cartilage. The treatment plan that was requested for authorization on October 6, 2015, included a prescription for Norco 10-325 mg #30. On September 22, 2015, a request for a prescription for Norco was denied by utilization review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 10/325 MG #30:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use.

**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 over 6 months along with Relafen (NSAID). There was no mention of Tylenol or weaning failure. The continued and long-term use of Norco is not medically necessary.