

<b>Case Number:</b>	CM15-0199706		
<b>Date Assigned:</b>	10/14/2015	<b>Date of Injury:</b>	09/20/2012
<b>Decision Date:</b>	11/23/2015	<b>UR Denial Date:</b>	09/11/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/12/2015

### 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 56 year old female who sustained an industrial injury on 09-20-2012. A review of the medical records indicated that the injured worker is undergoing treatment for osteoarthritis and strain of the right foot. According to the treating physician's progress report on 09-02-2015, the injured worker continues to experience low back pain radiating to the right leg, ankle and foot associated with numbness in the right foot and weakness in the right leg rated 8 out of 10 on the pain scale. Evaluation noted a normal gait without the use of assistive devices. Examination of the lumbar spine demonstrated full range of motion in all planes with negative straight leg raise bilaterally in seated and supine positions to 30 degrees. The right foot revealed no edema or erythema with slight tenderness to palpation over the lateral aspect of the foot. Prior treatments to date were not noted. Current medications were noted as Norco (since at least 09- 2014) and Omeprazole. Urine drug screenings over the past 6 months were consistent with medications prescribed. Treatment plan consists of podiatry consultation, acupuncture therapy, aqua therapy and the current request for Norco 10mg-325mg #45. On 09-11-2015, the Utilization Review modified the request for Norco 10mg-325mg #45 to Norco 10mg-325mg #35 (for a trial taper of 10% every 2-4 weeks).

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 10/325mg #45 up to 1 1/2 tabs daily: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids for chronic pain, Weaning of Medications.

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

**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. The plan was to wean the medication but the same dose and frequency was provided for several months. The continued and chronic use of Norco is not medically necessary.