

<b>Case Number:</b>	CM15-0206185		
<b>Date Assigned:</b>	10/23/2015	<b>Date of Injury:</b>	12/08/2010
<b>Decision Date:</b>	12/04/2015	<b>UR Denial Date:</b>	09/28/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/20/2015

### 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 50 year old female, who sustained an industrial injury on 12-08-2010. The injured worker is currently temporarily totally disabled. Medical records indicated that the injured worker is undergoing treatment for post-laminectomy syndrome, chronic pain syndrome, and sleep disturbance. Treatment and diagnostics to date has included use of medications and inconsistent urine drug screens dated 05-15-2015 and 08-24-2015. Recent medications have included Gabapentin, Valium, Fentanyl patch, and Norco. Subjective data (08-24-2015 and 09-17-2015), included lower back pain rated 8-9 out of 10 on the pain scale before medications and 3 out of 10 after medications. Objective findings (09-17-2015) included restricted lumbar spine range of motion, tenderness noted to lumbar paraspinal muscles, and positive right sided straight leg raise test. The request for authorization dated 09-17-2015 requested Fentanyl patch, Gabapentin, and Norco 10-325mg tablet #180. The Utilization Review with a decision date of 09-28-2015 modified the request for Norco 10-325mg #180 to Norco 10-325mg #90.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 10/325mg #180:** 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 over 2 years in combination with Fentanyl. There was no mention of Tricyclic or weaning failure. There were inconsistent urine results in the prior years. The amount of Norco prescribed has increased over the years indicating tolerance. The continued use of Norco is not medically necessary.