

<b>Case Number:</b>	CM15-0208730		
<b>Date Assigned:</b>	10/27/2015	<b>Date of Injury:</b>	04/25/2013
<b>Decision Date:</b>	12/08/2015	<b>UR Denial Date:</b>	10/09/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/23/2015

### 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 35-year-old male with an industrial injury date of 04-25-2013. Medical record review indicates he is being treated for lumbar degenerative joint disease-disk protrusion. Subjective complaints (09-30-2015) included pain in lumbar spine area. Objective findings are documented as "no change." Current medications (09-30-2015) included Norco (at least since 08-12-2015). Prior treatments included transforaminal nerve root injection left lumbar 4-5 and left lumbar 5-sacral 1, physical therapy, acupuncture and shock wave therapy. On 10-09-2015 the request for Norco 5-325 mg # 60 was non-certified by utilization review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 5/325 mg Qty 60:** 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 opioids for several months including Tylenol #3. There were no pain scores or failure of other non-opioid analgesics and weaning. The long-term use of Norco is not recommended and not medically necessary.