

<b>Case Number:</b>	CM15-0036692		
<b>Date Assigned:</b>	03/05/2015	<b>Date of Injury:</b>	07/12/2010
<b>Decision Date:</b>	04/09/2015	<b>UR Denial Date:</b>	02/19/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/26/2015

### 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 male, who sustained an industrial injury on July 12, 2010. The injured worker reported a back injury. The diagnoses have included chronic low back pain, severe lumbar disc injury with impending myelomalacia, status post lumbar laminectomy in 2011 and status post lumbar fusion in 2014. Treatment to date has included medications, radiological studies, surgery and physical therapy. Current documentation dated January 19, 2015 notes that the injured worker reported worsening pain in the low back. The pain was rated a five to six on the Visual Analogue Scale. The injured worker's leg symptoms had resolved after surgery. Physical examination of the lumbar spine revealed tenderness of the lower lumbar area. Range of motion was noted to be decreased and a straight leg raise was negative bilaterally. On February 19, 2015, Utilization Review modified a request for Norco 10/325 mg # 60. The MTUS, Chronic Pain Medical Treatment Guidelines, were cited.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 10/325mg #60:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 78, 124.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines opioids  
Page(s): 82-92.

**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. Recent pain scores ranged 3-5/10 and have reduced from August 2014 when there were 8/10. The claimant did not get pain control with Tylenol #3. Since the claimant is only using it intermittently and has reduced from using both Tramadol and Norco simultaneously, the continued use of Norco is appropriate in this case and necessary to control pain.