

<b>Case Number:</b>	CM15-0045450		
<b>Date Assigned:</b>	03/17/2015	<b>Date of Injury:</b>	10/13/2005
<b>Decision Date:</b>	04/17/2015	<b>UR Denial Date:</b>	03/03/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/10/2015

### 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 61-year-old male, with a reported date of injury of 10/13/2005. The diagnoses include lumbar disc degeneration, lumbar/thoracic radiculitis, lumbar herniated disc, lumbosacral sprain, and myofascial pain syndrome. Treatments to date have included oral medications. The progress report dated 02/23/2015 indicates that the injured worker complained of back pain. He had used one Norco per day, and was in need of a refill. The physical examination showed tenderness along the lumbar paraspinal muscles, iliolumbar and sacroiliac regions; lumbar range of motion at 70% normal; negative straight leg raise test; intact neurological examination; and a mildly antalgic gait. The treating physician requested Norco 10/325mg #30, one tablet by mouth every twelve hours as needed, with no refills.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 10/325 mg Qty 30:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-95.

**MAXIMUS guideline:** Decision based on MTUS ACOEM, 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 several months in conjunction with Oxycontin. The claimant was only taking per day. Pain scores were not noted. There was no mention of Tylenol or weaning failure. Using 1 per day indicates that the claimant likely did not need such a short acting medication at all. The continued use of Norco is not medically necessary.