

<b>Case Number:</b>	CM15-0052671		
<b>Date Assigned:</b>	03/26/2015	<b>Date of Injury:</b>	10/01/2001
<b>Decision Date:</b>	05/05/2015	<b>UR Denial Date:</b>	03/12/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/19/2015

### 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: California, North Carolina  
 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 male, who sustained a work/industrial injury on 10/1/01. He has reported initial symptoms of back pain. The injured worker was diagnosed as having post laminectomy syndrome s/p lumbar fusion of L4-5, L5-S1 (2010), chronic pain syndrome, obesity. Treatments to date included medication, diagnostics, physical therapy, chiropractic care, epidural steroid injections, activity modification, radiofrequency lesioning, and medial branch blocks. Magnetic Resonance Imaging (MRI) was performed on 2/4/09, 4/17/02. Electromyogram/nerve conduction velocity (EMG/NCV) was performed on 8/15/10, 6/13/02. Currently, the injured worker complains of middle back pain, bilateral lower back pain, and numbness to both thighs. Pain was rated 6/10. The treating physician's report (PR-2) from 2/27/15 indicated there was more weakness in the left lower extremity compared to the right. Treatment plan included Norco refill.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 10/325mg to be filled 3/2/15 #120:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids for chronic pain Page(s): 80.

**Decision rationale:** Opioids have been recommended for neuropathic pain that has not responded to first-line recommendations (antidepressants, anticonvulsants). There are no trials of long-term use. There are virtually no studies of opioids for treatment of chronic lumbar root pain with resultant neuropathy. In chronic back pain, opioids appear to be efficacious for short-term (2 weeks or less) pain relief and long-term efficacy is unclear. There is a lack of evidence for long-term use of opioids in pain relief. This request is not medically necessary.

**Norco 10/325mg to be filled 4/1/15 #120:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines opioids for chronic pain Page(s): 80.

**Decision rationale:** The request is for a refill of Norco 10/325 #120 for treatment of chronic back pain. MTUS guidelines state that opioids have been suggested to neuropathic pain that has not responded to first-line recommendations (antidepressants, anticonvulsants). There are no trials on long-term use. There are virtually no studies of opioids for treatment of chronic lumbar nerve root pain with resultant neuropathy. In chronic back pain, opioids appear to be efficacious but limited for short-term (2 weeks or less) pain relief. This patient is on chronic Norco therapy which is not medically necessary.

**Norco 10/325mg to be filled 5/1/15 #120:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids for chronic pain Page(s): 80.

**Decision rationale:** The request is for a refill of Norco 10/325 for chronic low back pain. Medical records reveal that this patient has been receiving routine monthly refills of #120 Norco 10/325 tablets. The MTUS states that opioids have been suggested for neuropathic pain that has not responded to first-line agents. There are virtually no studies of opioids for treatment of chronic low back pain with resultant neuropathy. Failure to respond to a time-limited course of opioids has led to the suggestion of reassessment and consideration of alternative therapy. Since opioids are recommended for short-term exacerbations of low back pain, this request is found to be not medically necessary.