

<b>Case Number:</b>	CM15-0054268		
<b>Date Assigned:</b>	03/27/2015	<b>Date of Injury:</b>	10/03/2013
<b>Decision Date:</b>	05/01/2015	<b>UR Denial Date:</b>	02/27/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/23/2015

### 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 (IW) is a 30-year-old female who sustained an industrial injury on 10/03/2013. Diagnoses include cervical intervertebral disc disorder with myelopathy, lumbar disc herniation and sciatica. Treatment to date has included medications, chiropractic therapy, physical therapy, trigger point injections and home exercises. Diagnostics performed to date included x-rays, electrodiagnostic studies, CT scans and MRIs. According to the progress notes dated 2/20/15, the IW reported cervical, thoracic, lumbar and sacroiliac pain as well as right knee, right ankle and right pelvic pain. She also complained of dizziness and numbness and tingling in the bilateral hands and right ankle. The notes stated that PT and injections were not beneficial. She rated her pain 8/10. A request was made for Norco for pain management.

### 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 60:** Upheld

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

**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 in combination with NSAIDs for several months without significant improvement in pain (8/10) or function. The continued use of Norco is not medically necessary.