

<b>Case Number:</b>	CM15-0087335		
<b>Date Assigned:</b>	05/11/2015	<b>Date of Injury:</b>	03/31/1994
<b>Decision Date:</b>	06/10/2015	<b>UR Denial Date:</b>	04/07/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/06/2015

### 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 48-year-old male with an industrial injury dated 3/31/1994. The injured worker's diagnoses include status post lumbar laminectomy/partial facetectomy and discectomy at L4-5 and L5-S1. Treatment consisted of urine drug screen, prescribed medications, home exercise therapy and periodic follow up visits. In a progress note dated 3/25/2015, the injured worker reported low back pain. The injured worker reported increase in pain over the last ten days and that he was currently taking prescribed medications for pain and inflammation. The injured worker also denied any side effect from his medication. Objective findings revealed tenderness over the lower midline lumbar spine and bilateral low back and decrease active lumbar range of motion. The treating physician reported that the injured worker has chronic pain and is being treated with the lowest effective dose of Norco with 60-70% improvement in pain and over 50% improvement in function. The treatment plan included pain medication management and follow-up appointment. The treating physician prescribed Norco 10/325mg #120 now under review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 10/325mg #120:** Upheld

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

**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 several months. There was no indication of Tylenol, lower dose Norco or Tricyclic failure. Long-term use is not indicated and the Norco is not medically necessary .