

<b>Case Number:</b>	CM14-0139440		
<b>Date Assigned:</b>	09/05/2014	<b>Date of Injury:</b>	10/11/2012
<b>Decision Date:</b>	09/26/2014	<b>UR Denial Date:</b>	08/21/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/28/2014

### 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. The expert reviewer is Board Certified in Family Practice and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 41 year old male claimant sustained a work injury on 10/11/12 involving the neck, back and knees. He was diagnosed with cervical and lumbar disease with radiculopathy. He had received aquatic therapy and been on Norco since at least January 2013 for pain . He had also used muscle relaxants, TENS, heat therapy, topical pain patches and NSAID over the 2 years. His pain had chronically ranged from 7/10 to 10/10. On July 22, 2014 he had undergone a lumbar epidural steroid injection. A progress note on 8/15/14 indicated the claimant had continued 8\*10 back pain. The back was tender to touch on palpation. He was continued ton Norco 10/325 mg twice daily.

### IMR ISSUES, DECISIONS AND RATIONALES

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

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

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, specific drug list, Hydrocodone/Acetaminophen.

**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 are not indicated at 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 has been on Norco for a year without significant improvement in pain or function. The continued use of Norco is not medically necessary.