

<b>Case Number:</b>	CM14-0215639		
<b>Date Assigned:</b>	01/05/2015	<b>Date of Injury:</b>	04/19/2012
<b>Decision Date:</b>	02/24/2015	<b>UR Denial Date:</b>	12/15/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/23/2014

### 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. 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:

25 yr. old male claimant sustained a work injury on 4/9/12 involving the low back. He was diagnosed with lumbar strain. An MRI of the lumbar spine in 2013 showed L4-L5 disc protrusion and stenosis. He had undergone the use of a TENS unit and had been on Omeprazole, Cyclobenzaprine, Gabapentin and Norco for pain since at least June 2014. He had undergone physical and aquatic therapy. At the time his pain had been 7/10. A progress note on 10/28/14 indicated the claimant had 8/10 pain. He had been using an NMR machine for relaxing the muscles. In November 4, 2014, he had persistent back pain. He had undergone acupuncture. Exam findings were notable for a positive straight leg raise on the left and diminished sensation in the left leg. He remained on Norco, Naproxen, Omeprazole and Gabapentin.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 5/325mg qty: 30.00:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 91.

**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 a several months without significant improvement in pain or function. There was no inidication for use of opioids and NSAIDs. There was no indication of Tylenol failure. The continued use of Norco is not medically necessary.