

<b>Case Number:</b>	CM14-0055920		
<b>Date Assigned:</b>	07/09/2014	<b>Date of Injury:</b>	01/07/2004
<b>Decision Date:</b>	05/27/2015	<b>UR Denial Date:</b>	04/18/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/25/2014

### 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:

This 60 year old man sustained an industrial injury on 1/7/2004. The mechanism of injury is not detailed. Evaluations include lumbosacral x-ray dated 3/5/2014 and lumbar spine MRI dated 12/3/2013. Diagnoses include chronic low back pain, lumbar herniated nucleus pulposus, and lumbar spine radiculopathy. Treatment has included oral medications, physical therapy, acupuncture, multiple epidural steroid injections, and chiropractic care. Physician notes dated 3/6/2014 show complaints of intractable back pain with radiation to the left leg rated 9/10 and bilateral neuropathy in his feet. Recommendations include lumbar epidural steroid injection, discontinue NSAID medications and aspirin products, lumbar transforaminal epidural steroid injection with conscious sedation, and this provider to take over pain management responsibilities with this worker.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 10/325mg #180:** 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 opioids including Norco, Percocet and Oxycontin since at least 2013. The pain levels were increasing over time. There is no indication of Tylenol failure for breakthrough pain. Continued and chronic use for Norco is not medically necessary.