

<b>Case Number:</b>	CM15-0105734		
<b>Date Assigned:</b>	06/10/2015	<b>Date of Injury:</b>	02/24/2001
<b>Decision Date:</b>	07/13/2015	<b>UR Denial Date:</b>	05/12/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/02/2015

### 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 73 year old male with an industrial injury dated 02/24/2001. The injured worker's diagnoses include chronic low back pain with right sciatica. Treatment consisted of x-rays, prescribed medications and periodic follow up visits. In a progress note dated 04/29/2015, the injured worker reported left knee and low back pain. The injured worker also reported difficulty sleeping due to pain and discomfort. The injured worker rated pain level an 8-9/10. Objective findings revealed fifty percent of range of motion and diffuse tenderness at L1 to sacrum on the right. The treatment plan included diagnostic testing and medication management. The treating physician prescribed Norco 10/325mg quantity: 150 with 2 refills now under review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 10/325 mg Qty 150 with 2 refills: 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 for over 2 years without significant improvement in pain (8/10 without noted response with Norco) or function (50% for 2 years). The continued use of Norco is not medically necessary.