

<b>Case Number:</b>	CM15-0125406		
<b>Date Assigned:</b>	07/09/2015	<b>Date of Injury:</b>	06/26/2007
<b>Decision Date:</b>	08/05/2015	<b>UR Denial Date:</b>	06/04/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/29/2015

### 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 was a 43 year old male, who sustained an industrial injury, June 26, 2007. The injured worker suffered a twisted back injury requiring surgery involving a L5-S1 fusion in September of 2009. The injured worker previously received the following treatments completed a functional restoration program, epidural steroid injection, facet injection and medial branch blocks did not help, hip joint and greater trochanteric injections did not help, TENS (transcutaneous electrical nerve stimulator) unit was tried but did not help, massage help temporarily, aquatic therapy very helpful and narcotic pain medications very helpful. The injured worker was diagnosed with lumbago of low back, pain in the thoracic spine, chronic pain syndrome, pain in the joint shoulder region, synovial cyst of the popliteal space, thoracic and lumbar neuritis or radiculitis, intervertebral disc disorder with myelopathy of the lumbar region, depressive disorder, dysthymic disorder, pain in the joint of the pelvic region and post laminectomy syndrome. According to progress note of May 18, 2015, the injured worker's chief complaint was low and mid back pain and left knee pain. The injured worker rated the pain at 7 out of 10 at this visit. The best pain management was 5 out of 10 and worst was 8 out of 10. The pain was described as stabbing and prickly. The narcotic therapy helped to reduce the pain and facilitate activities of daily living. The injured worker denied side effects. The physical exam noted the injured worker to be of stated age, cooperative and in no distress. According to the progress note of April 20, 2015, there was mild loss of lumbar lordosis. The range of motion was 75% of expected. There were tender trigger points in the low lumbar area bilaterally. There was tenderness over the facet joints. The treatment plan included prescription renewal for Norco.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**150 tablets of Norco 10/325mg:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**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 an unknown length of time. Although the claimant had a reaction to NSAIDS, there was no mention of Tylenol failure. Long-term use of Norco is not recommended and there was no mention of pain response score with its use. Continue use is not justified and not medically necessary.