

<b>Case Number:</b>	CM15-0127817		
<b>Date Assigned:</b>	07/14/2015	<b>Date of Injury:</b>	08/08/1975
<b>Decision Date:</b>	08/18/2015	<b>UR Denial Date:</b>	06/24/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/01/2015

### 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 62 year old male who sustained an industrial injury on 06/06/75. Initial complaints and diagnoses are not available. Treatments to date include medications, a lumbar epidural steroid injection, and back surgery. Diagnostic studies are not addressed. Current complaints include low back pain. Current diagnoses include post laminectomy syndrome, and chronic pain syndrome. In a progress note dated 06/15/15 the treating provider reports the plan of care as medications including Medrol pack, Lidoderm, Lidocaine ointment, Norco, EC Naprosyn, gabapentin, trazadone, and omeprazole. The requested treatments include Norco.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 10/325mg #180 FILL TODAY:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-82.

**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 at least several months but unknown start date. The claimant was on multiple analgesics and muscle relaxants along with Norco with minimal improvement in pain scores. There was no mention of Tylenol, NSAID, Tricyclic or weaning failure. The continued use of Norco is not medically necessary.

**Norco 10/325mg #180 DO NOT FILL UNTIL JULY 14, 2015: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-82.

**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 at least several months but unknown start date. The claimant was on multiple analgesics and muscle relaxants along with Norco with minimal improvement in pain scores. There was no mention of Tylenol, NSAID, Tricyclic or weaning failure. Future pain response and provisions for controlled substances in advance is not needed. The request for Norco in advance for July is not medically necessary.

**Norco 10/325mg #180 DO NOT FILL UNTIL AUGUST 14, 2015: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-82.

**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 at least several months but unknown start date. The claimant was on multiple analgesics and muscle relaxants along with Norco with minimal improvement in pain scores. There was no mention of Tylenol, NSAID, Tricyclic or weaning failure. Future pain response and provisions for controlled substances in advance is not needed. The request for Norco in advance for August is not medically necessary.