

<b>Case Number:</b>	CM15-0026369		
<b>Date Assigned:</b>	02/18/2015	<b>Date of Injury:</b>	05/14/2007
<b>Decision Date:</b>	04/02/2015	<b>UR Denial Date:</b>	02/05/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/11/2015

### 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 59 year old female, who sustained an industrial injury on 5/14/2007. The diagnoses have included L4-5 and L5-S1 stenosis, depressive disorder and gastrointestinal complaints. Treatment to date has included medication. According to the Primary Treating Physician's Progress Report dated 12/3/2014, the injured worker complained of back pain that she rated 7/10, left foot pain rated 6/10 and right shoulder pain rated 6/10. The injured worker was taking hydrocodone, Ambien and Tramadol which she stated were helping. Physical exam revealed tenderness to palpation in the paraspinous musculature of the thoracic and lumbar spine with muscle spasm on the lumbar region. The injured worker was given an intramuscular injection of Toradol. Norco was prescribed. The claimant had been on Norco since at least October 2013 and in July 2014, the pain on Norco was 7/10. On 2/5/2015, Utilization Review (UR) modified a request for Norco 10-325mg one by mouth twice a day as needed #45 to Norco 10-325mg #22 (weaning). The Medical Treatment Utilization Schedule (MTUS) was cited.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 10/325 mg 1 PO BID PRN #45:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and

Environmental Medicine (ACOEM) Chapter 7, Independent Medical Examinations and Consultations page 127.

**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 a year without significant improvement in pain score (7/10) or function. There was no indication of Tylenol failure. The continued use of Norco is not medically necessary.