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| <b>Case Number:</b>   | CM15-0061645 |                              |            |
| <b>Date Assigned:</b> | 04/07/2015   | <b>Date of Injury:</b>       | 05/16/2013 |
| <b>Decision Date:</b> | 05/06/2015   | <b>UR Denial Date:</b>       | 03/24/2015 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 04/01/2015 |

### 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 38 year old female, who sustained an industrial injury on 05/16/2013. Currently, the injured worker complains of stabbing pain in the left ankle with tingling. Pain was rated 5 on a scale of 1-10 at rest and 10 with activity. Diagnoses included dislocating peroneal tendons at the left ankle with failed previous surgical intervention and posttraumatic stress disorder and depression. Treatment plan included Norco 10-325 every 8 hours for pain #120. The injured worker was instructed to remain off work for one month. On 03/12/2015, a prescription was issued for Norco 10-325 mg #120 every 8 hours for pain. There were no urine drug screens submitted for review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 10-325mg #120:** 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 several months. There was no indication of failure on a lower dose, or failure on Tylenol alone. Attempt to wean and determine response was no mentioned. The continued use of Norco is not substantiated and not medically necessary.