

<b>Case Number:</b>	CM15-0068276		
<b>Date Assigned:</b>	04/15/2015	<b>Date of Injury:</b>	03/15/2010
<b>Decision Date:</b>	05/14/2015	<b>UR Denial Date:</b>	03/25/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/10/2015

### 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:

This 46 year old man sustained an industrial injury on 3/15/2010. The mechanism of injury is not detailed. Diagnoses include lumbar intervertebral lumbar disc disorder with myelopathy, cervicgia, cervical spine post-laminectomy syndrome, cervical spine intervertebral disc disorder with myelopathy, degenerative lumbosacral intervertebral disc, brachial neuritis or radiculitis, thoracic/lumbosacral neuritis or radiculitis, ad degeneration of cervical intervertebral disc. Treatment has included oral medications and physical therapy. Physician notes dated 3/10/2015 show complaints of increased low back pain rated 8-10/10. Recommendations include renew Roxicodone and Norco, psychiatric consultation, sleep study, spinal cord stimulator trial, psychiatric surgical clearance, repeat caudal epidural spinal injections, lumbar spine MRI without contrast, and pharmacogenetic testing, Oxycontin trial.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 10/325mg Sig: 1 po q4 hours #180:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47-49, 115, Chronic Pain Treatment Guidelines Criteria for use of Opioids Page(s): 78. 80-82, 86-88, 124.

**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 in combination with Roxycodone with minimal improvement in pain and function (10/10-8/10 in Nov 2014 and 8.5 in March 2015). Long-term use is not indicated. There was no indication of Tricyclic or Tylenol failure. The continued use of Norco is not medically necessary.