

<b>Case Number:</b>	CM15-0071981		
<b>Date Assigned:</b>	04/22/2015	<b>Date of Injury:</b>	10/09/2012
<b>Decision Date:</b>	05/20/2015	<b>UR Denial Date:</b>	04/06/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/15/2015

### 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 male, who sustained an industrial injury on 10/9/2012. Diagnoses have included degeneration of lumbar or lumbosacral intervertebral disc, lumbar radiculopathy, osteoarthritis of spinal facet joint and myofascial pain. Treatment to date has included magnetic resonance imaging (MRI), epidural steroid injection and medication. According to the progress report dated 3/20/2015, the injured worker complained of low back pain and right leg pain. He rated his pain 8/10 with medication and 10/10 without medication. The injured worker ambulated with a cane with an antalgic gait. Exam of the lumbar spine revealed tenderness and spasm. There was positive right straight leg raise. Authorization was requested for Norco.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 10/325 mg Qty 120:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-95.

**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/Hydrocodone for over a year. Prior pain level reduction was from 10/10 to 6/10. Recently March 2015 , Norco in combination with Ultram had a pain reduction from 10/10 to 8/10. The continued and chronic use of Norco is not medically necessary.