

<b>Case Number:</b>	CM15-0072406		
<b>Date Assigned:</b>	04/22/2015	<b>Date of Injury:</b>	03/10/2011
<b>Decision Date:</b>	05/20/2015	<b>UR Denial Date:</b>	04/01/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/16/2015

### 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 03/10/2011. He reported mild neck pain and an abrasion to the left posterior chest after a fall from a ladder and was diagnosed with left pneumothorax status post fall with multiple rib fractures. The injured worker is currently diagnosed as having lumbar degenerative joint disease, rib fracture, lumbar sprain/strain with radicular symptoms, left shoulder sprain/strain, left elbow cubital syndrome, triggering of long finger to right hand, headaches, and visual loss of the right eye. Treatment and diagnostics to date has included lumbar spine MRI, home exercise program, and medications. In a progress note dated 02/12/2015, the injured worker presented with complaints of worsening back pain that radiates down the back of legs and chronic neck, shoulder, and chest pain with headaches and visual loss in his right eye. The treating physician reported requesting authorization for Norco.

### 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:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain Chapter, Opioids, criteria for use.

**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 Opana for over 6 months. The Norco alone has been used for over 4 years. Direct benefit from Norco cannot be determined. There is no indication of failure of Tricyclic use or lower dose use for breakthrough pain. The addition of Opana over time indicates tolerance to opioids. The claimant was also using muscle relaxants as well as NSAIDs for pain control. The continued use of Norco is not medically necessary.