

<b>Case Number:</b>	CM15-0073062		
<b>Date Assigned:</b>	04/23/2015	<b>Date of Injury:</b>	10/25/2008
<b>Decision Date:</b>	05/20/2015	<b>UR Denial Date:</b>	03/17/2015
<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 57 year old male, who sustained an industrial injury on 10/25/08. He reported a back injury. The injured worker was diagnosed as having lumbar degenerative disc disease with severe focal spinal stenosis at L5-S1 with left L5 radiculopathy and Grade I spondylolisthesis at L5-S1 level with associated mechanical back pain and left leg radicular symptoms. Treatment to date has included oral medications including opioids, lumbar spine injections, physical therapy and home exercise program. Currently, the injured worker complains of non-improving back pain rated 7/10. Physical exam noted focal tenderness bilaterally over L3-4, L4-5 and L5-S1 posterior spinous processes and paravertebral muscles and decreased lumbar range of motion. The treatment plan included continuation of Norco and Soma.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco Tab 10/325 mg, 20 days supply, Quantity 120:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids; Carisoprodol (Soma) Page(s): 74-95; 29.

**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. The most recent notes indicate 7/10 pain which is not improving. There is no mention of failure of 1st line medication such as Tylenol or Tricyclics. The need for continued use of Norco is not substantiated and is not medically necessary.