

<b>Case Number:</b>	CM15-0075468		
<b>Date Assigned:</b>	04/23/2015	<b>Date of Injury:</b>	01/18/1993
<b>Decision Date:</b>	05/22/2015	<b>UR Denial Date:</b>	04/06/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/21/2015

### 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 46 year old male, who sustained an industrial injury on 01/18/1993. Medical records provided by the treating physician did not indicate the injured worker's mechanism of injury. The injured worker was diagnosed as having lumbar spine stenosis with neurogenic claudications, myofascial pain syndrome, lumbar radiculopathy, lumbar facet arthropathy, and degenerated lumbar disc disease. Treatment to date has included laboratory studies, medication regimen, psychotherapy, use of heat, and use of ice. In a progress note dated 03/19/2015 the treating physician reports continued sharp, dull/aching, throbbing, stabbing, pressure, electrical/shooting, and cramping low back pain with radiculopathy along with a noted pain reduction of fifty percent due to medication regimen. The current pain rating is a five on a good day and an eight on a bad day with a previous pain rating of a six on good day and an eight on a bad day. The injured worker also has associated symptoms of pins and needles, numbness, weakness, and spasms to the affected area. The treating physician requested Norco 10/325mg with a quantity of 90 with the treating physician noting that the current medication regimen provides functional pain relief, enables the injured worker to perform activities of daily living, enables the injured worker to stay active, and provides a fifty percent pain reduction.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 10/325mg #90:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of Opioids.

**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 at least several months. Although the pain reduced by 50%, there was no mention of weaning attempt or failure of lower dose or failure of Tylenol/Tricyclic use. The continued and chronic use of Norco is not recommended and is not medically necessary.