

<b>Case Number:</b>	CM14-0051503		
<b>Date Assigned:</b>	07/07/2014	<b>Date of Injury:</b>	07/18/1997
<b>Decision Date:</b>	10/05/2015	<b>UR Denial Date:</b>	04/09/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/18/2014

### 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 69-year-old female who sustained an industrial injury on 7-18-97. Treatments include medications, physical therapy, injections and surgery. Progress report dated 3-11-14 reports continued complaints of lower back pain with radiation down both lower extremities, right greater than left. The pain is rated 9 out of 10. She has lumbar post laminectomy syndrome. She also has bilateral knee symptoms. Diagnoses include: lumbar spin sprain and strain syndrome, status post L4-5 and L5-S1 posterior lumbar inter-body fusion with L3-4 laminectomy on 4-13-05, right lower extremity radiculitis, reactionary depression and anxiety, bilateral knee myoligamentous injury, right greater than left, cervical myoligamentous injury right greater than left and right sacroiliitis. Plan of care includes: request right sacroiliac joint injection, 4 trigger point injections administered, medication refilled; duragesic 25 mcg and 12 mcg, and Norco 10-325 mg, #180, consider trial of spinal cord stimulation in the future. Follow up in 1 month.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**1 Norco 10/325mg, #180:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Goodman and Gilman's The Pharmacological

Basis of Therapeutics, 12th ed. mcGraw Hill, 2006; Physicians Desk Reference, 68th ed. www.RXList.com; Official Disability Guidelines (ODG) Drug Formulary, www.odg-twc.com/odgtwc/formulary; htm.drugs.com.

**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 a year without consistent documentation of pain reduction scores. There was no mention of Tylenol, NSAID, Tricyclic or weaning failure. The continued use of Norco is not medically necessary.