

<b>Case Number:</b>	CM13-0017157		
<b>Date Assigned:</b>	10/11/2013	<b>Date of Injury:</b>	04/25/2009
<b>Decision Date:</b>	01/15/2014	<b>UR Denial Date:</b>	08/20/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/27/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine & Rehabilitation, has a subspecialty in Interventional Spine and is licensed to practice in California. 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 physician 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 patient is a 48 year old male with injury from 4/25/09. The patient has diagnoses of persisting low back pain, muscel spasms, bilateral leg complains; possible piriformis syndrome; cervical strain with spondylosis; nonindustrial medical problems--per report 8/8/13. The request for Norco 10/325 was denied by utilization review dated 8/21/13. The rationale was that the patient has been on Norco for more than 6 months while the guidelines only recommend using it for 4 months; no objective evidence for functional improvement; the patient's pain appears to be consistent with no apparent improvement, and not reported with every visit. A report from 8/8/13 states that the patient's function is improved by 50% and he is not able function without medication. Lyrica helps with night burning pain. The patient is looking for employment although not working. Opiate contract is in place, no abuse, and no side effects. A 6/27/13 report by [REDACTED] indicates that the medications are helpful, and the wife attests that with medications, he is more proactive with ADL's.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 10/325 mg #140:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids  
Page(s): 98-99.

**Decision rationale:** This patient suffers from chronic low back pain and some neck pain. The treater has been prescribing Norco/Vicodin for quite some time now. This was previously denied by utilization review citing lack of progress and functional improvement, and that opioids should be limited to 4 months of use. Careful review of the reports show that the treater is providing adequate documentation to show benefit from the use of medication. The patient's function is improved by 50%, which satisfies the numerical scale required by MTUS for measurement of function. There are also numerous other reports with family member's testimonials of benefit from the use of opiate at 5/day. The patient is said to be more proactive and takes care of ADL's with medications. The patient does not tolerate Butrans patches and Norco works for him. MTUS requires pain reduction, functional and quality of life improvements for on-going use of opiates for chronic pain. The request for Norco 10 is medically necessary and appropriate.