

<b>Case Number:</b>	CM13-0018899		
<b>Date Assigned:</b>	10/11/2013	<b>Date of Injury:</b>	03/01/2009
<b>Decision Date:</b>	01/13/2014	<b>UR Denial Date:</b>	08/01/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/30/2013

### 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 Pain Management, has a subspecialty in Disability Evaluation 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 male who states that during the course of his employment on 10/01/2008, while pushing a cart loaded with food up 3 steps, weighing approximately 250 lbs, with the assistance of a co-worker, he experienced a sharp snap in his neck followed by pain. Subsequently, the patient noted pain in his lower back. The patient states that he did not report the symptoms; however, due to persistent pain, he sought medical treatment on his own. Approximately 3 weeks later, due to ongoing pain, the patient reported the injury; however, no medical care was offered or provided. Thereafter, he was seen by different doctors who evaluated him and started on a course of medical treatment consisting of examinations, x-rays, diagnostic tests, medications, physical therapy and injections. The patient states that he started developing symptoms of stress and anxiety, and attributes the symptoms to persistent pain, lack of improvement and financial difficulties. He further states developing symptoms of urinary incontinence and sexual dysfunction approximately since 2-3 years ago, and attributes the symptoms due to his work-related injury. On 09/24/2010, he started treating with [REDACTED] who examined him and started patient on a course of therapy. [REDACTED] is requested a urological consultation for evaluation of erectile dysfunction, which occurred after back injury. At issue was whether the prescription of Norco 10/325mg#120 is medically necessary.

### 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.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): s 76-77.

**Decision rationale:** MTUS Chronic Pain Medical Treatment Guidelines states that Norco is indicated for moderate to moderately severe pain however, the guidelines stipulated specific criteria to follow before a trial of opioids for chronic pain management, and there is no documentation that these guidelines were followed. Besides results of studies of opioids for musculoskeletal conditions (as opposed to cancer pain) generally recommend short use of opioids for severe cases, not to exceed 2 weeks, and do not support chronic use. The request for Norco 10 is not medically necessary and appropriate.