

<b>Case Number:</b>	CM13-0021827		
<b>Date Assigned:</b>	11/13/2013	<b>Date of Injury:</b>	08/28/2007
<b>Decision Date:</b>	01/27/2014	<b>UR Denial Date:</b>	08/26/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/09/2013

### 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 Internal Medicine, and is licensed to practice in New York. 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 64 y.o. male with a h/o injury to back, feet, and knees on 8/28/06. The pt. was found to have lumbar and cervical disc dz, and had a lumbar spine operation 5/12. ON an MD visit 8/5/13, the pt c/o neck pain 7/10 with radiation to UE bilat and LBP 7/10 with radiation to LE bilaterally. A refill of norco was requested. UR denied certification 8/26/13. This was appealed 9/3/13.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 10/325mg #30:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 79-81.

**Decision rationale:** Per the MTUS guidelines, it states that opioids may be continued if the patient has returned to work or has improved functioning and pain. Annals (2007) reported that there is no evidence that opioids showed long term benefit or improvement in function when used as treatment for chronic back pain. The patient has been on opioids since at least 1/13, and

still has 7/10 pain. The patient reportedly was previously approved for weaning of the medication. Based on the above, the request remains noncertified