

<b>Case Number:</b>	CM13-0022993		
<b>Date Assigned:</b>	12/11/2013	<b>Date of Injury:</b>	09/03/2012
<b>Decision Date:</b>	02/28/2014	<b>UR Denial Date:</b>	09/04/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/11/2013

### 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 Family Practice, and is licensed to practice in North Carolina. 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 34-year-old male with a reported date of injury of 09/03/2012. The injury occurred when he was working with a prune tray that was above his head and he injured his finger and fell backwards striking his thoracic and lumbar spine on other prune trays. He was initially evaluated in the emergency room and found to have a finger laceration and a distal phalanx fracture. He was later found to have a thoracic wedge fracture of T11 and a mild wedge fracture of T12 but these were felt to be chronic in nature. The patient has been treated for chronic back pain since the injury. Treatment modalities for the pain have included physical therapy, neurosurgery consult and medication. The most recent progress note from the treating physician dated 08/06/2013 notes subjective findings from the patient of continued upper and lower back pain. Physical findings showed lower thoracic and lumbar tenderness with spasm and right sacroiliac tenderness. The treatment plan included Norco 5/325, Elavil 25 mg qhs and Gabapentin T.I.D. and continued use of the walker and lumbar support brace. The patient had been switched from Vicodin to Ultracet for his pain on January 22, 2013. On June 26, 2013 another utilization review approved continued use of Ultracet for the purpose of weaning. On July 9, 2013 the patient was switched from Ultracet to Norco due to dyspepsia associated with the Ultracet. There was no mention of the weaning process in this progress note. On 09/04/2013 a utilization review failed to certify the Norco 5/325.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 5/325mg #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): 74-82.

**Decision rationale:** Per the patient's progress notes, the patient has been taking opioid medication in various forms for greater than 8 months with no documentation of significant improvement in any of the outcome measures mentioned in the California MTUS for long term opioid use. The only clear cut recommendation for the use of opioids is for short term use when it returns the patient to work or improves their function. The patient was also supposed to weaning from opioids per previous utilization review. There is no documentation per the treating physician concerning this weaning process or rationalization for switching to Norco besides gastrointestinal complaints with the previous opioid Ultracet.