

<b>Case Number:</b>	CM13-0025036		
<b>Date Assigned:</b>	11/20/2013	<b>Date of Injury:</b>	05/22/2007
<b>Decision Date:</b>	01/08/2014	<b>UR Denial Date:</b>	09/03/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/16/2013

### 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 and 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 52 year old female with a date of injury of 5/22/07. According to [REDACTED] 8/26/13 report, the patient was being seen for chronic cervical pain; lumbar pain; and pain into her bilateral extremities. Her diagnoses include: lumbar facet syndrome; spinal/lumbar degenerative disc disease; cervical radiculopathy; disc disorder cervical. She has undergone multiple surgeries including C2-7 fusion, lumbar fusion L2-S1, and SI joint fusion. The patient reported that her pain level had decreased since her last visit and her activity level had increased. It was noted that the patient was on 1 Butrans patch a week and the patient wanted to discontinue it due to skin irritation. Therefore Butrans was discontinued and Norco increased from 1 a day as needed to 1 every 4-6 hours as needed for pain (maximum 5/day). The progress report dated 9/23/13 by [REDACTED] noted that the patient continued to struggle with pain. She reported that the Butrans patch provided more relief, and her pain score was 3/10 with the Butrans patch. She rated her pain at 8/10 coming down to 6/10 with the 5 Norco a day. It was noted that the patient continued to use pain coping skills, exercises, walking and Tai Chi from [REDACTED]. The utilization review letter dated 9/3/13 noted that two prior requests for Norco were certified with modification to allow for weaning of this medication on 2/4/13 and 4/1/13. It was noted that the patient had recently completed a functional restoration program in which the patient reported favorable results. [REDACTED] indicated on 6/28/13 that the patient should continue Norco for 1 more week and then be taken off the medication completely.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 10/325mg #150 between 8/29/13 and 10/28/13: Overturned**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines section on Long-term Opioid use Page(s): 88-89.

**Decision rationale:** According to the medical records provided for review, the patient has been on opioid medication for more than 6 months. MTUS Chronic Pain Guidelines require functional documentation at least once every 6 months of a decrease in pain, increased level of function, or improved quality of life for a satisfactory response to treatment with opioid medication. Also under the strategy for maintenance the Guidelines state "do not attempt to lower the dose if it is working." This case appears to be supported by the guidelines noted above. Authorization is recommended. The request for 1 prescription of Norco 10/325mg #150 between 8/29/13 and 10/28/13 is medically necessary and appropriate.