

<b>Case Number:</b>	CM13-0028838		
<b>Date Assigned:</b>	11/27/2013	<b>Date of Injury:</b>	09/12/2002
<b>Decision Date:</b>	01/22/2014	<b>UR Denial Date:</b>	08/28/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/25/2013

### 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 65 year old male with an injury date of 9/12/02. The patient suffers from chronic low back pain. Norco was recommended for tapering as the patient has been on the medication since 8/29/12 without change in subjective, objective, or functional status. A review of reports shows that on 8/29/12 the patient had chronic low back and left radiculitis pains, and H-wave use helped reduce pain. A report dated 11/27/12 states that the patient is able to work part time as the H-wave helps him to work. A 2/27/13 report indicates the patient's pain is at 3/10 with meds helping. A report dated 8/28/13 by [REDACTED] suggests that low back remains about the same, and that medication controls pain.

### 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 Page(s): 60-61.

**Decision rationale:** This patient suffers from chronic low back pain. One year worth of progress notes were reviewed. A review of the treater's reports show no documentation of the patient's function, pain level, and quality of life as they relate to the patient's Norco use. One report states, "Meds help." MTUS Chronic Pain Guidelines require assessments of pain, function, and quality of life for chronic use of opiates. Functioning assessment using a numerical scale or a validated instrument at least once every 6 months is required by the MTUS Guidelines for chronic use of opiates. For this patient, none of this information is provided. The request for 1 prescription of Norco 10/325mg #120 is not medically necessary and appropriate.