

<b>Case Number:</b>	CM13-0029978		
<b>Date Assigned:</b>	01/17/2014	<b>Date of Injury:</b>	10/15/2001
<b>Decision Date:</b>	08/01/2014	<b>UR Denial Date:</b>	09/16/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/27/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Physical Medicine & Rehabilitation and is licensed to practice in Texas and Oklahoma. 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 expert 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 injured worker is a 52-year-old male who reported an injury on 10/15/2001. The mechanism of injury was not provided in the medical records. His diagnoses include lumbar radiculopathy, lumbar spondylosis, lumbar facet syndrome, and lumbar/lumbosacral disc degeneration. His previous treatments included medications, injections, and a spinal cord stimulator. Within the most recent clinical note, dated 11/19/2013, his symptoms were noted to include increased low back pain with intermittent muscle cramping down his left lower extremity. He noted his pain was 10/10 without medications and a 6/10 with medications. His physical exam findings included decrease lumbar range of motion with flexion and extension, paraspinous tenderness over the L5, and paravertebral muscles spasms. He had positive lumbar facet loading and decrease light touch and pin prick sensation on the left lower extremity. The physician's treatment plan included prescriptions for Cymbalta, Duragesic patch, and Norco. The current request is for Norco 10/325 mg #60 for breakthrough pain. The request for authorization form and date were not provided.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**PRESCRIPTION OF NORCO 10/325MG, #60:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for Use, On-going Management Page(s): 78.

**Decision rationale:** According to the California MTUS Guidelines, the ongoing management of patients taking opioid medications should include routine office visits and detailed documentation of the extent of pain relief, functional status in regards to activities of daily living, appropriate medication use and/or aberrant drug-taking behaviors, and any adverse side effects. The documentation submitted for review indicated that the injured worker's pain rating was a 10/10 without medications and a 6/10 with medications. He also had increased ability to perform activities of daily living, no side effects from the medication, and consistent urine drug screens for appropriate medication use. However, the frequency of the medication was not provided. As such, the request for Norco 10/325 mg #60 is not medically necessary.