

<b>Case Number:</b>	CM13-0033014		
<b>Date Assigned:</b>	12/06/2013	<b>Date of Injury:</b>	03/05/2001
<b>Decision Date:</b>	04/17/2014	<b>UR Denial Date:</b>	09/25/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/08/2013

### 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 Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in Florida. 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 patient is a 55-year-old female who reported injury on 03/05/2001. The mechanism of injury was not provided. The patient was noted to be taking Norco since 2012. The documentation of 09/20/2013 revealed the patient's pain was 8/10 in the low back. The patient's diagnoses were noted to include chronic pain, lumbar sprain/strain, acquired spondylolisthesis, lumbosacral radiculopathy, lumbar facet syndrome, neck pain, shoulder pain, polyneuropathy peripheral, cervical radiculopathy, and cervical spinal stenosis. The request was made for a refill of Norco 10/325mg.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**NORCO 10/325, #90:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Medications For Chronic Pain Page(s): 60.

**Decision rationale:** California MTUS Guidelines recommend opiates for chronic pain. There should be documentation of an objective improvement in function, an objective decrease in the VAS score, and evidence that the patient is being monitored for aberrant drug behavior and side

effects. The clinical documentation submitted for review indicated the patient had been taking the medication since 2012. There was a lack of documentation indicating an objective improvement in function, an objective decrease in the VAS score, and if the patient was having side effects. There was evidence that the patient was being monitored for aberrant drug behavior through urine drug screens. Given the above, the request for Norco 10/325mg, #90 is not medically necessary.