

<b>Case Number:</b>	CM13-0037152		
<b>Date Assigned:</b>	03/19/2014	<b>Date of Injury:</b>	06/13/2011
<b>Decision Date:</b>	04/30/2014	<b>UR Denial Date:</b>	10/09/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/23/2013

### 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 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 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 46 year old male with an injury date on 06/13/11. Based on the 09/10/13 progress report provided by [REDACTED] the patient's diagnosis include lumbar discogenic disease, lumbar facet arthrosis, chronic low back pain, thoracic spine/strain, thoracic discogenic disease, and thoracic radiculopathy. [REDACTED] is requesting Norco 10/325 mg #180. The utilization review determination being challenged is dated 10/09/13 and recommends denial of the Norco. [REDACTED] is the requesting provider, and he provided treatment reports from 04/09/13- 01/28/14.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**NORCO 10/325MG #180:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 78.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines MEDICATIONS FOR CHRONIC PAIN Page(s): 60,61.

**Decision rationale:** According to the 09/10/13 progress report provided by [REDACTED], the patient presents with lumbar discogenic disease, lumbar facet arthrosis, chronic low back pain,

thoracic spine/strain, thoracic discogenic disease, and thoracic radiculopathy. The request is for Norco 10/325 #180. Reviewing the records, there is no discussion regarding how Norco has been instrumental in improving this patient's function and quality of life. There were no pain scales provided. The progress reports do show that the patient has been taking Norco since the initial progress report dated 04/09/13. The request was denied by utilization review dated 10/09/13. The rationale was that "upon clinical review of the proposed treatment listed above a determination has been made to issue a conditional denial based upon lack of information." According to MTUS, pg. 8-9, "when prescribing controlled substances for pain, satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life." For chronic opiate use, MTUS guidelines pages 88 and 89 states: "Document pain and functional improvement and compare to baseline... Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." In this case, pain and functional assessment using a numerical scale or a validated instrument is lacking. There are no reports indicating what the impact Norco has had on this patient in terms of pain and function. Recommendation is for denial.