

<b>Case Number:</b>	CM13-0037813		
<b>Date Assigned:</b>	12/18/2013	<b>Date of Injury:</b>	02/04/2011
<b>Decision Date:</b>	04/30/2014	<b>UR Denial Date:</b>	10/14/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/24/2013

### 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, 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 47 year old male with an injury date on 02/04/11. Based on the 09/17/13 progress report provided by [REDACTED] the patient's diagnoses include cervical radiculopathy, cervical degenerative disc disease, right carpal tunnel syndrome, and lumbar degenerative disc disease/lumbar facet arthrosis. Exam of the both the cervical and lumbar spine reveal spasm and decreased range of motion. The cervical spine has positive facet tenderness and tenderness to palpation is noted over the cervicotracheal ridge. Lasegue is positive on the right. Straight leg raise is positive [and] pain is noted on the right at S1 distribution. Tenderness to palpation is positive over the facet joints. Pain is noted with flexion and extension as well as with axial loading. [REDACTED] has a retrospective request for Norco 10/325 mg #240.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**RETROSPECTIVE REQUEST FOR NORCO 10/325MG #240:** Upheld

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

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

**Decision rationale:** MTUS guidelines require assessment of pain, function and quality of life for chronic use of opiates. MTUS requires functioning assessment using a numerical scale or a validated instrument at least once every 6 months. Under outcome measures, MTUS requires current pain; least pain; average pain; time it takes for medication to take effect; duration of relief, etc. In this patient, none of this information is provided. A generic statement that medications help to maintain function is inadequate per MTUS guidelines. Recommendation is for denial.