

<b>Case Number:</b>	CM13-0047034		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	02/11/2009
<b>Decision Date:</b>	03/17/2014	<b>UR Denial Date:</b>	10/14/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/04/2013

### 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 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 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:

This patient is a 48 year old male with date of injury 02/11/2009. Per treating physician's report 10/09/2013, listed diagnoses are: 1) Status post lumbar fusion L4-S1; 2) lumbar facet syndrome; 3) bilateral sacroiliac joint arthropathy. Per 07/03/2013 report, chief complaint is that of lumbar spine pain at an intensity of 8/10 to 9/10. Patient continued to engage in usual and customary work duties with gradual worsening of the symptoms with another injury. Then on 02/11/2009, he was lifting 30- to 40-pound case of milk when he felt acute worsening of his low back pain. This report is by pain management specialist recommended SI joint blocks.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 10/325:** 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:** This patient presents with chronic low back pain with lumbar fusion from L4-L5-S1 from 2012. The current physician has been prescribing this patient Norco 10/325 one

to two per day. However, there are no documentations of any functional changes. The treating physician does report on his 09/13/2013 report that the patient is on Norco 1 to 2 per day, with pain going from 10/10 to 7/10 to 8/10 but without change in activities of daily living. The 08/06/2013 report has the patient taking Norco 1 per day, and there is no discussion regarding any efficacy. The 06/25/2013 report by the treating physician does not report any efficacy or functional changes with use of medication. These reports are handwritten. The 05/13/2013 report by [REDACTED] does not describe any changes in pain or function with use of medication. For chronic opiate use, MTUS Guidelines page 88 and 89 require documentation of pain and functional level compared to baseline. Functioning should be measured at 6-month intervals using a numerical scale or validated instrument and recommends documentation of outcome measures including current pain level, time it takes for medication to work, duration of pain relief with medication, average pain, etc. In this case, the treating physician does not provide any of these necessary documentations. In one instance, the treater notes that there has been no change with activities of daily living with use of Norco. Recommendation is for denial.