

<b>Case Number:</b>	CM13-0061806		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	01/08/2009
<b>Decision Date:</b>	04/11/2014	<b>UR Denial Date:</b>	11/12/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/05/2013

### 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 Pain Medicine and is licensed to practice in Texas. 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 57-year-old male who reported an injury on 01/08/2009. The mechanism of injury was not provided. The patient's diagnosis was noted to be lumbar disc displacement. The patient's medication history included Norco, Zanaflex and Celebrex as of late 2012. The office note dated 11/05/2013 revealed that the patient was in the office for medications and blood test results. The request was made for Celebrex, Cymbalta and Norco.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **1 PRESCRIPTION OF NORCO 10/325MG #90:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Medications for Chronic pain, ongoing management Page(s): 60, 78.

**Decision rationale:** MTUS Guidelines recommend opiates for chronic pain. There should be documentation of an objective improvement in function, 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 that the patient needed a maximum of 3 tablets daily of Norco to maintain physical function. However, there was a lack of

documentation of objective improvement in function with the medication and an objective decrease in the VAS score with the medication and evidence that the patient being monitored for aberrant drug behavior and side effects. Given the above, the prospective request for 1 prescription of Norco 10/325 mg #90 is not medically necessary.