

<b>Case Number:</b>	CM13-0066462		
<b>Date Assigned:</b>	01/03/2014	<b>Date of Injury:</b>	03/25/2013
<b>Decision Date:</b>	05/19/2014	<b>UR Denial Date:</b>	11/21/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/16/2013

### 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 Inteventional 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 56 year old male with an injury date of 03/25/13. Based on the 10/21/13 progress report provided by [REDACTED], the patient's diagnosis include L5-S1 disc degeneration, bilateral lumbar radiculopathy with weakness, L4-L5 and L5-S1 facet arthropathy, and lumbar stenosis L4-S1. [REDACTED] is requesting for Norco 5/325 mg #60 with one refill. The utilization review determination being challenged is dated 11/21/13 and recommends denial of the Norco. [REDACTED] is the requesting provider, and he provided treatment reports from 04/08/13- 11/25/13.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**NORCO 5/325MG #60 WITH ONE (1) REFILL:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria For Use Page(s): 76-80.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NORCO 5/325MG #60 WITH ONE (1) REFILL Page(s): 88-89.

**Decision rationale:** According to the 10/21/13 progress report by [REDACTED], the patient presents with L5-S1 disc degeneration, bilateral lumbar radiculopathy with weakness, L4-L5 and

L5-S1 facet arthropathy, and lumbar stenosis L4-S1. The request is for Norco 5/325 mg #60 with one refill. Review of the reports shows that the patient first took Norco on 05/14/13. According to California 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, California 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 Hydrocodone has had on this patient in terms of pain and function. Recommendation is for denial.